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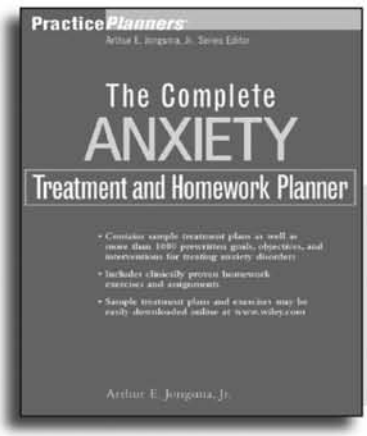

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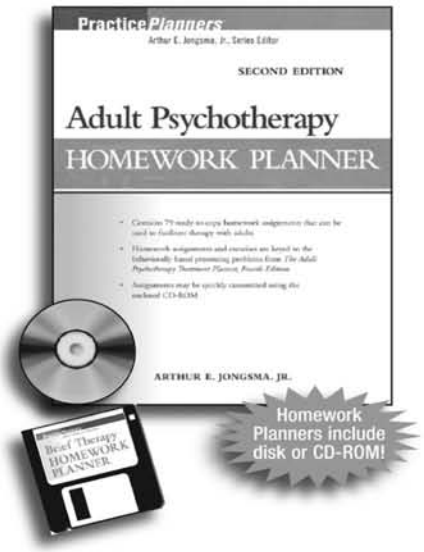

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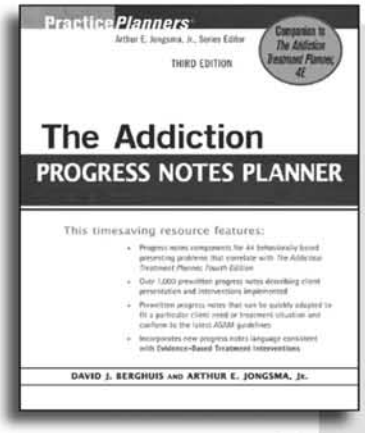

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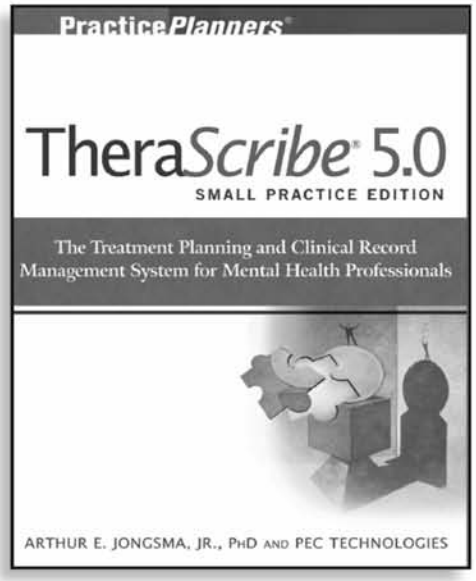
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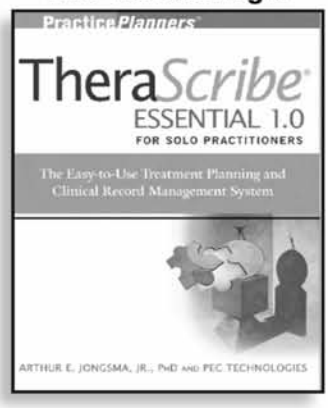
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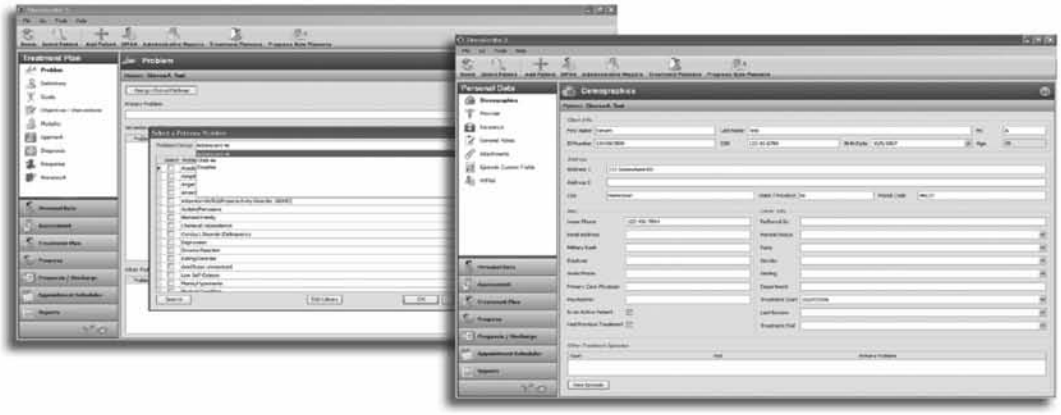

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The Addiction Progress Notes Planner, Third Edition

David J. Berghuis

Arthur E. Jongsma, Jr.

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Dedicated with love to my mother, Gloria Ranney.

– D.J.B.

To all the PracticePlanner professionals at John Wiley & Sons who have been steady in their support of me and this wonderful project for so many years. Thank you Peggy, Judi, Marquita, Rich, Katie, Tisha, and others too numerous to name individually. You are the best!

– A.E.J.

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PRACTICE*PLANNERS*® SERIES PREFACE

Accountability is an important dimension of the practice of psychotherapy. Treatment programs, public agencies, clinics, and practitioners must justify and document their treatment plans to outside review entities in order to be reimbursed for services. The books and software in the Practice*Planners*® series are designed to help practitioners fulfill these documentation requirements efficiently and professionally.

The Practice*Planners*® series includes a wide array of treatment-planning books, including not only the original *Complete Adult Psychotherapy Treatment Planner, Child Psychotherapy Treatment Planner,* and *Adolescent Psychotherapy Treatment Planner*, all now in their fourth editions, but also *Treatment Planners* targeted to a wide range of specialty areas of practice, including:

- Addictions
- Behavioral medicine
- College students
- Co-occurring disorders
- Couples therapy
- Crisis counseling
- Early childhood education
- Employee assistance
- Family therapy
- Gays and lesbians
- Group therapy
- Juvenile justice and residential care
- Mental retardation and developmental disability
- Neuropsychology
- Older adults
- Parenting skills
- Pastoral counseling
- Personality disorders
- Probation and parole
- Psychopharmacology
- School counseling
- Severe and persistent mental illness
- Sexual abuse victims and offenders
- Special education
- Suicide and homicide risk assessment
- Veterans and active duty military
- Women's issues

In addition, there are three branches of companion books that can be used in conjunction with the *Treatment Planners*, or on their own:

- ***Progress Notes Planners*** provide a menu of progress statements that elaborate on the client's symptom presentation and the provider's therapeutic intervention. Each *Progress Notes Planner* statement is directly integrated with the behavioral definitions and therapeutic interventions from its companion *Treatment Planner*.

- ***Homework Planners*** include homework assignments designed around each presenting problem (e.g., anxiety, depression, chemical dependence, anger management, eating disorders, or panic disorder) that is the focus of a chapter in its corresponding *Treatment Planner*.

- ***Client Education Handout Planners*** provide brochures and handouts to help educate and inform clients on presenting problems and mental health issues, as well as life skills techniques. The handouts are included on CD-ROMs for easy printing from your computer and are ideal for use in waiting rooms, at presentations, as newsletters, or as information for clients struggling with mental illness issues. The topics covered by these handouts correspond to the presenting problems in the *Treatment Planners.*

The series also includes:

- Thera***Scribe***®, the best-selling treatment-planning and clinical recordkeeping software system for mental health professionals. Thera*Scribe*® allows the user to import the data from any of the *Treatment Planner, Progress Notes Planner,* or *Homework Planner* books into the software's expandable database to simply point and click to create a detailed, organized, individualized, and customized treatment plan along with optional integrated progress notes and homework assignments.

Adjunctive books, such as *The Psychotherapy Documentation Primer* and *The Clinical Documentation Sourcebook* contain forms and resources to aid the clinician in mental health practice management.

The goal of our series is to provide practitioners with the resources they need in order to provide high-quality care in the era of accountability. To put it simply: We seek to help you spend more time on patients and less time on paperwork.

ARTHUR E. JONGSMA, JR.
Grand Rapids, Michigan

PROGRESS NOTES INTRODUCTION

ABOUT PRACTICE*PLANNERS*® PROGRESS NOTES

Progress notes are not only the primary source for documenting the therapeutic process, but also one of the main factors in determining the client's eligibility for reimbursable treatment. The purpose of the *Progress Notes Planner* series is to assist the practitioner in easily and quickly constructing progress notes that are thoroughly unified with the client's treatment plan.

Each *Progress Notes Planner:*

- Saves you hours of time-consuming paperwork.
- Offers the freedom to develop customized progress notes.
- Features over 1,000 prewritten progress notes summarizing patient presentation and treatment delivered.
- Provides an array of treatment approaches that correspond with the behavioral problems and *DSM-IV* diagnostic categories in the corresponding companion *Treatment Planner*.
- Offers sample progress notes that conform to the requirements of most third-party payors and accrediting agencies, including The Joint Commission, COA, CARF, and NCQA.

HOW TO USE THIS PROGRESS NOTES PLANNER

This *Progress Notes Planner* provides a menu of sentences that can be selected for constructing progress notes based on the behavioral definitions (or client's symptom presentation) and therapeutic interventions from its companion *Treatment Planner*. All progress notes must be tied to the patient's treatment plan—session notes should elaborate on the problems, symptoms, and interventions contained in the plan.

Each chapter title is a reflection of the client's potential presenting problem. The first section of the chapter, "Client Presentation," provides a detailed menu of statements that may describe how that presenting problem manifested itself in behavioral signs and symptoms. The numbers in parentheses within the Client Presentation section correspond to the numbers of the Behavioral Definitions from the *Treatment Planner*.

The second section of each chapter, "Interventions Implemented," provides a menu of statements related to the action that was taken within the session to assist the client in making progress. The numbering of the items in the Interventions Implemented section follows exactly the numbering of Therapeutic Intervention items in the corresponding *Treatment Planner*.

All item lists begin with a few keywords. These words are meant to convey the theme or content of the sentences that are contained in that listing. The clinician may peruse the list of keywords to find content that matches the client's presentation and the clinician's intervention.

It is expected that the clinician may modify the prewritten statements contained in this book to fit the exact circumstances of the client's presentation and treatment. To maintain complete client records, in addition to progress note statements that may be selected and individualized

from this book, the date, time, and length of a session; those present within the session; the provider; provider's credentials; and a signature must be entered in the client's record.

A FINAL NOTE ABOUT PROGRESS NOTES AND HIPAA

Federal regulations under the Health Insurance Portability and Accountability Act (HIPAA) govern the privacy of a client's psychotherapy notes, as well as other protected health information (PHI). PHI and psychotherapy notes must be kept secure and the client must sign a specific authorization to release this confidential information to anyone beyond the client's therapist or treatment team. Further, psychotherapy notes receive other special treatment under HIPAA; for example, they may not be altered after they are initially drafted. Instead, the clinician must create and file formal amendments to the notes if he or she wishes to expand, delete, or otherwise change them. Our Thera*Scribe*™ software provides functionality to help clinicians maintain the proper rules concerning handling PHI, by giving the ability to lock progress notes once they are created, to acknowledge patient consent for the release of PHI, and to track amendments to psychotherapy notes over time.

Does the information contained in this book, when entered into a client's record as a progress note, qualify as a "psychotherapy note" and therefore merit confidential protection under HIPAA regulations? If the progress note that is created by selecting sentences from the database contained in this book is kept in a location separate from the client's PHI data, then the note could qualify as psychotherapy note data that is more protected than general PHI. However, because the sentences contained in this book convey generic information regarding the client's progress, the clinician may decide to keep the notes mixed in with the client's PHI and not consider it psychotherapy note data. In short, how you treat the information (separated from or integrated with PHI) can determine if this progress note planner data is psychotherapy note information. If you modify or edit these generic sentences to reflect more personal information about the client or you add sentences that contain confidential information, the argument for keeping these notes separate from PHI and treating them as psychotherapy notes becomes stronger. For some therapists, our sentences alone reflect enough personal information to qualify as psychotherapy notes and they will keep these notes separate from the client's PHI and require specific authorization from the client to share them with a clearly identified recipient for a clearly identified purpose.

ADULT-CHILD-OF-AN-ALCOHOLIC (ACOA) TRAITS

CLIENT PRESENTATION

1. **Raised in an Alcoholic Home (1)***

A. The client described a history of being raised in an alcoholic home but denied any effects of such an upbringing.
B. The client described a history of being raised in an alcoholic home but was uncertain about how this affected his/her emotions.
C. The client described a history of being raised in an alcoholic home, and identified effects, including emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.
D. The client processed issues related to being raised in an alcoholic home, including emotional abandonment, role confusion, abuse, and a chaotic, unpredictable environment.

2. **Inability to Trust and Share Feelings (2)**

A. The client revealed a pattern of extreme difficulty in trusting others, sharing feelings, or talking openly about self.
B. When the client shares openly with others, he/she experiences feelings of anxiety and uncertainty.
C. As the client has begun to work through adult-child-of-an-alcoholic (ACOA) concerns, he/she has reported feeling less anxiety or uncertainty when sharing emotional concerns.
D. The client no longer experiences anxiety or uncertainty while sharing emotions.

3. **Overconcern with Others (3)**

A. The client described a pattern of consistently being overly concerned with taking care of others, resulting in failure to care for self.
B. The client identified a need to reduce his/her focus on others' functioning and to replace this with a focus on his/her own functioning.
C. The client has been able to balance the focus on others' functioning with a focus on his/her own functioning.

4. **Passive Submission (4)**

A. The client described a history of being passively submissive to the wishes of others, in an effort to please them.
B. The client tries to ingratiate himself/herself to others by being submissive to their wishes.
C. The client acknowledged the need to become more assertive but has struggled to implement the assertiveness.
D. The client is asserting himself/herself and setting healthy limits.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Clings to Destructive Relationships (5)

A. The client described a pattern of clinging to destructive relationships in order to avoid interpersonal abandonment.
B. The client's hypersensitivity to abandonment has caused him/her to maintain relationships that are destructive.
C. The client has acknowledged interpersonal abandonment as a significant issue.
D. The client accepts interpersonal conflict and is changing destructive relationships.

6. Tells Others What They Want to Hear (6)

A. The client described a pattern of disregarding reality in order to present information so that others will be pleased.
B. The client identifies situations in which he/she has been able to be more truthful.
C. The client described the acceptance of others in response to his/her increased truthfulness.

7. Feels Worthless (7)

A. The client verbalized seeing himself/herself as being worthless, and that disrespectful treatment by others was normal and expected.
B. The client has begun to develop a more positive image of his/her worth, and is more expectant of positive treatment from others.
C. The client clearly identifies his/her own improved self-image, and insists on being treated in a respectful manner.

8. Panic When Relationships End (8)

A. The client described a pattern of strong feelings of panic and helplessness when faced with being alone as a close relationship ends.
B. The client described a chronic pattern of precipitating problems in a relationship due to feelings of panic and helplessness when faced with the possibility of friction in a close relationship.
C. The client has become more at peace with the natural process of relationships beginning and ending.

9. Sublimates Own Needs to Attempt to Fix Others (9)

A. The client described situations in which he/she has attempted to "fix" other people.
B. The client identified that he/she often sublimates his/her own needs in attempts to "fix" others.
C. The client identified several examples of how he/she sublimates his/her own needs in order to try to "fix" others.
D. As the client has gained insight into his/her tendency to prioritize his/her own needs below fixing others, he/she has decreased this pattern.
E. The client indicated that he/she has decreased need to "fix" others, and is able to appropriately concentrate on his/her own needs.

10. Parental Role (10)

A. The client described a consistent pattern of selecting relationships with immature individuals.

B. The client described a strong tendency to take on a parental role in a relationship, allowing the partner to continue in a pattern of immaturity.
C. The client is beginning to accept responsibility for his/her role in taking on a parental role in relationships.
D. The client describes a pattern of replacing the parental role with a more equal relationship with peers.

11. Feels Less Worthy (11)

A. The client described himself/herself as having less worth, especially when compared with individuals who did not grow up in an alcoholic family.
B. The client has begun to develop a more positive self-image and has terminated verbalizing negative comments about himself/herself.
C. The client has begun to make positive comments about himself/herself and the positive aspects of his/her family.

INTERVENTIONS IMPLEMENTED

1. Explore Feelings of Powerlessness (1)*

A. The client was probed for childhood experiences of powerlessness while growing up in an alcoholic home.
B. The client was asked to explore similarities between feelings of childhood powerlessness and feelings when abusing chemicals.
C. The client was assisted in comparing and contrasting adult feelings of powerlessness connected to substance abuse, with historical feelings of powerlessness associated with growing up in an alcoholic home.
D. The client was probed for childhood experiences of powerlessness, but denied any concerns in this area.

2. Teach Connection between Childhood and Addiction (2)

A. The client was taught about the increased likelihood to repeat addictive behavior due to growing up in an addictive family.
B. The client was taught specific syndromes of thought and behavior that often repeat from one addictive generation to another.
C. The client was provided with specific examples of the repetition of addiction from one generation to another.
D. The client was encouraged to identify the connection between his/her childhood experiences and the likelihood of repeating behavior.
E. The client denied any connection between his/her childhood experiences and the likelihood of repeating those types of behaviors; he/she was reminded to be aware of this connection.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

3. Administer Assessment for ACOA Traits (3)

A. The client was administered psychological instruments designed to objectively assess the strength of traits associated with being an adult child of an alcoholic.
B. The Children of Alcoholics Screening Test was administered to the client.
C. The client has completed the assessment of adult-child-of-an-alcoholic traits, but minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of adult-child-of-an-alcoholic traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of adult-child-of-an-alcoholic traits, and the focus of treatment was turned toward this defensiveness.

4. Explore Dysfunctional Family Rules (4)

A. The client explored the pattern of dysfunctional family rules from his/her childhood.
B. The client was asked to explore how dysfunctional family rules lead to uncomfortable feelings and an escape into addiction.
C. The client was given support and affirmation regarding the uncomfortable feelings related to dysfunctional family rules.
D. It was reflected to the client that he/she is continuing to exhibit emotional distress and a desire to escape into addiction.

5. Educate about ACOA Rules (5)

A. The client was taught the ACOA rules for living (i.e., "don't talk, don't trust, don't feel").
B. The client was taught the connection between dysfunctional ACOA rules and the impossibility of healthy relationships occurring.
C. The client was reinforced for verbalizing an understanding of dysfunctional ACOA rules and how these have affected his/her relationships.
D. The client denied any pattern of ACOA rules or dysfunctional current relationships, and was urged to monitor these patterns.

6. Develop Connection between ACOA Traits and Addiction (6)

A. The client was directed to list five ways in which ACOA traits have led to addiction.
B. The client was assigned "Understanding Codependent Behaviors" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assisted in identifying how his/her ACOA traits have led to his/her addiction.
D. The client has displayed greater insight into the connection between his/her ACOA traits and addiction, and was reinforced for this growth.
E. The client has not completed assignments regarding understanding codependent behaviors and was redirected to do so.

7. Identify ACOA Traits (7)

A. The client was assisted in clarifying his/her ACOA traits and the relationship between ACOA traits and addiction.

B. The client clearly understood the role that his/her ACOA traits have played within his/her functioning and how that has contributed to the dynamics of his/her addiction; this insight was reinforced.
C. The client verbalized an understanding of his/her ACOA traits and how this has an impact on his/her current functioning in relationships; this insight was reinforced.
D. The client denied the connection between ACOA traits and addictive behavior or relationship conflicts, and was urged to monitor for this dynamic.

8. Explore Reaction to Parent's Chemical Abuse (8)

A. The client described his/her experiences of parental chemical abuse and was assisted in relating how these experiences had a negative impact, including the fear of violence, abandonment, unpredictability, and embarrassment.
B. The client was supported as he/she expressed increased insight into how his/her parent's chemical abuse has affected his/her emotional functioning.
C. The client was reinforced for beginning to identify the inappropriateness of parental abuse of chemicals.
D. The client was noted to be in denial regarding the negative impact of his/her parental substance abuse.

9. Probe Abandonment/Rejection Fears (9)

A. The client was asked to identify specific childhood situations in which he/she experienced a fear of abandonment or feelings of rejection.
B. Active listening skills were used as the client explained what it was like to grow up in the alcoholic home environment, focusing on situations in which fear of abandonment or feelings of rejection occurred.
C. The client has begun to be more open about his/her childhood experiences, but was noted to remain rather guarded.
D. The client was supported as he/she described, in detail, the facts and feelings associated with his/her painful childhood experiences.
E. The client denied any fears of abandonment or rejection, and this was accepted at face value.

10. Explore Childhood Experience's Effect on Intimate Relationships (10)

A. The client was assisted in becoming more aware of his/her fears of abandonment, rejection, neglect, and the assumption of the caretaker role, and how these fears are connected to past experiences of being raised in an alcoholic family.
B. The client was assisted in expressing insight into the historical and current sources of his/her fears of abandonment, rejection, neglect, and the assumption of the caretaker role.
C. The client was helped to identify ways in which growing up in an alcoholic family has led to detrimental intimate relationships.
D. The client denied any connection between childhood experiences and problems in intimate relationships, and was urged to monitor this area.

11. Identify Parental Role of Caretaker (11)

A. The client was assisted in identifying ways in which he/she takes on the parental role of caretaker.

B. The client was assisted in developing a plan for meeting his/her emotional needs without adopting the parental/caretaker role.
C. The client was noted to have begun to reduce the adoption of the parental/caretaker role, and to increase healthy relationship skills.
D. The client denied taking on the parental role, but has continued in the role of caretaker; additional feedback was provided.

12. Explore Feelings of Worthlessness and Shame (12)

A. The client was probed to describe his/her feelings of worthlessness/shame and level of functioning when compared with others.
B. The client was supported as he/she acknowledged feelings of worthlessness/shame and feeling less competent than others.
C. The client was assisted in identifying parental substance abuse as a factor in his/her low self-esteem issues.
D. The client denied feelings of worthlessness or shame; this was accepted at face value.

13. Teach Low Self-Esteem Precursors (13)

A. The client was taught about the connection between low self-esteem and how the alcoholic home causes experiences of emotional rejection, broken promises, abuse, neglect, poverty, and loss of social status.
B. The client acknowledged a connection between low self-esteem and experiences of emotional rejection, broken promises, abuse, neglect, poverty, and loss of social status due to parent's chemical dependence; this insight was reinforced.
C. The client reported that he/she is beginning to increase self-esteem by moving beyond the effects of being raised in an alcoholic home; this progress was highlighted.

14. List Positive Traits (14)

A. The client was asked to list his/her positive traits and accomplishments.
B. The client has identified several positive traits and accomplishments; these were reinforced as a foundation for building self-esteem.
C. The client struggled to identify his/her own positive traits and accomplishments and was provided with tentative examples.
D. The client has not listed his/her positive traits and accomplishments, and was redirected to do so.

15. Emphasize Self-Worth (15)

A. An emphasis was placed on the client's inherent self-worth as a human being.
B. The connection between the client's inherent self-worth and acceptance of a higher power was emphasized.
C. The client was reinforced as he/she displayed an understanding of his/her self-worth and how this is related to the acceptance of a higher power.
D. The client continues to display poor self-worth; his/her positive self-worth was reemphasized.

16. Explore Family Response to Sharing Feelings (16)

A. The client was asked to identify how his/her family responded to expressions of feelings, wishes, and wants.
B. The client was assigned "Using the Understanding Family History" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. It was noted that the client identified negative responses from family members during his/her childhood regarding the expression of feelings.
D. It was noted that the client identified a connection between learning in childhood that it was dangerous to share feelings with others, and current problems with sharing feelings with peers.
E. The client did not complete the assignment to help understand his/her family history, and was redirected to do so.
F. The client denied his/her family's history of negative responses to sharing feelings; this was accepted.

17. Identify Trustworthiness Traits (17)

A. The client was asked to list a set of character traits in others that qualify them as trustworthy.
B. The client was assisted in identifying several traits that he/she would expect from others that would identify them as trustworthy (e.g., honesty, sensitivity, kindness).
C. The client was reinforced as he/she identified situations in which he/she has seen others being trustworthy.
D. The client was unable to list a set of character traits in others that qualify them as trustworthy and was redirected to do so.

18. Teach Honest Communication Skills (18)

A. The client was taught that the tendency to tell others what we think they want to hear is based on fear of rejection, commonly learned in an alcoholic home.
B. The client was provided with modeling, role playing, and behavior rehearsal to teach more honest communication skills.
C. The client was reinforced for more honest communication in place of telling others what he/she thinks they want to hear.
D. The client struggled to understand the techniques or usefulness for honest communication skills; remedial feedback was provided in this area.

19. Assign a Journal of Honest Communication (19)

A. The client was asked to keep a journal to record incidents in which he/she told the truth rather than saying only what others want to hear.
B. The client presented a journal of situations in which he/she told the truth rather than saying only what others want to hear; these situations were processed.
C. The client was reinforced as he/she acknowledged a healthier pattern of communication through reviewing journal entries regarding honest communication rather than saying what others want to hear.
D. The client did not journal honest communication, and was redirected to do so.

20. Teach Problem-Solving Skills (20)

A. The client was presented a specific problem-solving technique (i.e., identify the problem, brainstorm alternate solutions, examine the advantages and disadvantages of each solution, select an option, implement a course of action, evaluate the results).

B. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client and therapist role-played examples of implementing problem-solving techniques.

D. The client was helped to recount instances of using problem-solving techniques in day-to-day situations.

E. The client has completed the assignment regarding how to problem-solve interpersonal conflict, and his/her answers were reviewed.

F. The client has not completed the assignments regarding applying problem-solving to personal conflict, and this resistance was processed.

21. Educate about Healthy Relationships (21)

A. The client was presented with information about building healthy interpersonal relationships through openness, respect, and honesty, including the sharing of feelings to build trust and mutual understanding.

B. The client was assigned the honesty exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).

C. The client has completed the honesty exercise and his/her responses were processed.

D. The client has not completed the honesty exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson), and was redirected to do so.

E. The client acknowledged situations in which he/she could increase sharing of feelings in order to build trust and mutual understanding; he/she was directed to do so.

F. The client was supported as he/she recounted situations in which he/she has used openness and honesty in order to increase trust and mutual understanding.

22. Explore the Client's Focus on Others (22)

A. The client was assisted in comparing his/her reluctance of sharing personal problems with his/her pattern of focusing on helping others with their problems.

B. Active listening skills were used as the client expressed an understanding of how his/her childhood experiences have prompted him/her to focus on helping others as a way to resist sharing personal problems.

C. The client struggled to identify his/her pattern of resistance to sharing personal problems, and was provided with examples of this pattern.

23. Connect Over-Helping Others with Low Self-Esteem (23)

A. The client was presented with the concept that his/her overemphasis on helping others is based on low self-esteem and a need for acceptance, which was learned in the alcoholic family of origin.

B. The client was presented with the concept that caretaking behavior often results from choosing friends and partners who are chemically dependent or psychologically disturbed.

C. The client rejected the concept that helping others is based on low self-esteem, and relates to choosing friends that are chemically dependent or psychologically disturbed; he/she was urged to review this pattern.
D. The client was reinforced as he/she accepted the concept that he/she has a strong need to help others due to low self-esteem.
E. The client was able to connect his/her caretaking behavior to the choice for friends who are chemically dependent or psychologically disturbed; this insight was reinforced.

24. Teach Recovery Group Involvement (24)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and confidence in himself/herself.
B. The client was referred to an appropriate recovery group.
C. Active listening was provided as the client described his/her involvement in an active recovery group.
D. The client reported that he/she had not followed through with involvement in a recovery group, and was redirected to do so.

25. Develop an Aftercare Plan (25)

A. The client was assisted in developing an aftercare plan that will support recovery from ACOA issues, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client's aftercare plan that will support his/her sobriety (e.g., self-help groups and sponsors, family activities, and counseling) was reviewed.
C. The client described active pursuit of the elements of his/her aftercare plan.
D. The client has not followed through on an aftercare plan, and was redirected to do so.

26. List Reasons for Recovery Group Attendance (26)

A. The client was assigned to list 10 reasons why 12-step recovery group attendance is helpful in overcoming ACOA traits.
B. The client was assisted in developing a list of 10 reasons why 12-step recovery group attendance is helpful in overcoming ACOA traits.
C. The client has not followed through in developing a list of reasons why 12-step recovery group attendance is helpful, and was redirected to do so.

27. Identify ACOA Traits' Effect on Recovery Groups (27)

A. The client was urged to identify the relationship between ACOA traits and the fear of attending recovery group meetings.
B. The client was provided with feedback about common ways in which ACOA traits cause fear of attending recovery group meetings.
C. The client was assisted in brainstorming ways to help cope with his/her fear of attending recovery group meetings.
D. The client was taught about how to give himself/herself positive messages regarding self-worth, in order to overcome the fear of attending recovery group meetings.

E. The client was taught how to use relaxation techniques to reduce tension when attending recovery group meetings.
F. The client was taught how to use meditation to induce calm and support from a higher power, in order to be more comfortable attending recovery group meetings.
G. The client's fear of openness with others was noted to cause him/her to continue to avoid recovery group meetings.

28. Teach AA/NA Group as Family (28)

A. The client was presented with the idea of an AA/NA home group functioning as the healthy family the client never had.
B. The client was assisted in realizing why he/she needs a family to assist in recovery.
C. The client was reinforced for acceptance of the idea of using AA/NA as a healthy family to assist in recovery.
D. The client was resistant to acknowledging a need for a healthy family; additional support and encouragement was provided.

29. Teach AA/NA Group as a Promoter of Self-Worth (29)

A. The client was presented with the idea of an AA/NA home group functioning as the healthy family he/she never had.
B. The client was advised about how helping others can aid in recovery and establish a feeling of worth.
C. The client was reinforced as he/she verbalized acceptance of the family atmosphere in AA/NA.
D. The client identified ways in which he/she specifically uses the AA/NA group as a healthy family; these examples were processed.
E. The client was resistant to acknowledging the AA/NA group as a promoter of self-worth, and was urged to review this on a daily basis.

30. Teach about a Higher Power (30)

A. The client was presented with information about how faith in a higher power can aid in recovery from ACOA traits and addiction.
B. The client was assigned the Step Two exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client has completed the Step Two exercise and his/her responses were reviewed and processed.
D. The client has not completed the Step Two exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson), and was redirected to do so.
E. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
F. The client was encouraged to describe his/her beliefs about the idea of a higher power.
G. The client rejected the concept of a higher power, but was encouraged to review this at a later time.

31. Read about Spirituality in AA's *Big Book* (31)

A. The client was assigned to read about spirituality and the role of a higher power in portions of AA's *Big Book.*
B. The client reported reading AA's *Big Book* on the topic of spirituality and the role of a higher power, and this topic was discussed.
C. The client was helped to process the material related to spirituality from AA's *Big Book,* and identified ways in which this related to his/her situation.
D. The client did not read the portions of AA's *Big Book* on the topic of spirituality, and this was reassigned.

32. Identify Issues for a Higher Power (32)

A. The client was asked to identify circumstances in his/her life that could benefit from being turned over to a higher power.
B. The client was assisted in identifying specific issues that need to be turned over to a higher power.
C. The client was reinforced as he/she identified specific steps that he/she is taking to turn specific issues over to a higher power.
D. The client denied any need for turning any issues over to a higher power, and was urged to remain open to this concept.

33. Teach Assertiveness Skills (33)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client was assigned the "Making Your Own Choices" exercise from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client displayed an understanding of assertiveness skills that he/she has been taught.
D. The client's journal of assertiveness experiences was reviewed.
E. The client listed several different situations in which he/she has been able to be assertive; this success was celebrated.
F. The client reported that he/she finds it very difficult to implement assertiveness skills, and remedial assistance was provided.

34. Teach Assertiveness Formula (34)

A. The client was taught the assertiveness formula of "I feel...when you.... I would prefer it if...."
B. The client and the therapist role-played several applications of the assertiveness formula in the client's life.
C. The client was reinforced as he/she displayed an understanding and mastery of assertiveness techniques.
D. The client was assigned to use the assertiveness formula three times per day.
E. The client struggled to understand the techniques and usefulness of the assertiveness formula, and was provided with remedial assistance in this area.

35. Teach the *Share Check* Method (35)

A. The client was taught the share check method of building trust in relationships.
B. The therapist and client role-played several applications of the share check method in the client's life.
C. The client was noted to have indicated a desire to increase his/her level of trust in others, and has implemented the share check method to do so.
D. The client continues to be distrustful of others and has not implemented the share check method to increase trust in others; he/she was redirected to do so.

36. Reinforce Honest Sharing (36)

A. The client was encouraged and reinforced to share honestly and openly with a trusted person.
B. As the client identified situations in which he/she has shared honestly and openly with a trusted person, strong reinforcement was given.
C. It was reflected that the client continues to struggle with sharing openly and honestly with a trusted person.

37. Refer for Psychopharmacological Intervention (37)

A. A referral to a physician was made to evaluate the client for a prescription for psychotropic medication.
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medication provided by the physician.

38. Administer Medications (38)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medication as prescribed.

39. Monitor Medication Effectiveness and Side Effects (39)

A. As the client has taken psychotropic medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. It was noted that the client has reported that the psychotropic medication has been beneficial.
C. The client reported that the psychotropic medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client identified side effects of the medications; this was relayed to the prescribing clinician.
E. The client has not consistently taken the prescribed medication, and has been redirected to do so.

40. Reassess ACOA Traits (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of ACOA traits.
B. The Children of Alcoholics Screening Test was re-administered to the client.

C. The client produced test scores indicating improvement on ACOA traits; this progress was presented to the client.
D. The client produced test scores indicating a lack of improvement on ACOA traits; these results were presented to the client.
E. The client refused to complete the re-administration of the test of ACOA traits.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ANGER

CLIENT PRESENTATION

1. Explosive, Destructive Outbursts (1)*

A. The client described a history of loss of temper in which he/she has destroyed property in fits of rage, often when intoxicated.

B. The client described a history of loss of temper, involving substance use that dates back to adolescence, including verbal outbursts and property destruction.

C. The client has reported increased control over his/her temper and a significant reduction in the incidence of poor anger management.

D. The client has reported no recent incidents of explosive outbursts that have resulted in destruction of any property, or intimidating verbal assaults.

2. Substance Abuse to Cope with Anger (2)

A. The client acknowledged that he/she has used substances in an attempt to cope with angry feelings.

B. The client described situations in which he/she has used substances to cope with angry feelings, but had difficulty identifying the relationship between the substance abuse and anger.

C. The client identified that his/her substance abuse had a direct connection to anger problems.

D. The client has maintained total abstinence, which is confirmed by his/her family.

3. Violent Rages (3)

A. The client described several incidents of suppressing angry feelings, then exploding in a violent rage.

B. The client described several episodes of loss of control over angry feelings that he/she had previously guarded closely.

C. The client reported gaining greater control over aggressive impulses, although verbal aggression is still present.

D. The client reported successful control over aggressive impulses, with no recent incidents noted.

E. The client identified situations in which assertively expressing feelings has helped to gain successful control over aggressive impulses.

4. Overreaction to Disapproval (4)

A. The client described a history of reacting too angrily to situations in which he/she perceives disapproval, rejection, or criticism.

B. The client indicated that he/she recognizes that he/she becomes too angry in the face of perceived disapproval, rejection, or criticism.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client's perception of disapproval, rejection, or criticism has led to explosive, angry outbursts, destruction of property, and/or striking out at others.
D. The client has made significant progress at increasing his/her frustration tolerance and reducing explosive overreactivity to perceived disapproval, rejection, or criticism.

5. Blaming Others (5)

A. The client described several incidents during which he/she believes that others were to blame for his/her behaviors.
B. The client identified that he/she has a pattern of blaming others for his/her own problems.
C. The client has begun to accept responsibility for his/her own behavior and problems.

6. Challenging Authority (6)

A. The client's history showed a consistent pattern of challenging or disrespectful treatment of authority figures.
B. The client acknowledged that he/she becomes angry quickly when someone in authority gives directions to him/her.
C. The client's disrespectful attitude toward authority figures has often erupted in explosive, aggressive outbursts.
D. The client has made progress in controlling his/her overreactivity to taking direction from those in authority, and is responding with more cooperation.

7. Angry/Tense Body Language (7)

A. The client presented with verbalizations of anger as well as tense, rigid muscles, and glaring facial expressions.
B. The client expressed his/her anger with bodily signs of muscle tension, clenched fists, and refusal to make eye contact.
C. The client appeared more relaxed, less angry, and did not exhibit physical signs of aggression.
D. The client's family reported that he/she has been more relaxed within the home setting and has not shown glaring looks or pounded his/her fists on the table.

8. Aggression to Achieve Power and Control (8)

A. The client described an inclination to try to dominate social, family, and other situations by using aggressive means.
B. The client has alienated himself/herself from others because of his/her dominating and controlling manner.
C. The client has become more considerate of others' opinions and feelings, and has reduced his/her degree of aggression.
D. The client has yielded control to others and has decreased his/her need to maintain power and control.

9. Verbal Abuse (9)

A. The client reported verbal threats of aggression toward others, name-calling, and other verbally abusive speech.
B. The client showed little or no remorse for harming or intimidating others.

C. The client projected blame for his/her verbal outbursts onto others.
D. The client continues to act in an aggressive, intimidating style.
E. The client has shown progress in controlling his/her aggressive patterns, and seems to be trying to interact with more assertiveness than aggression.

INTERVENTIONS IMPLEMENTED

1. Assess Anger Dynamics (1)*

A. The client was assessed for various stimuli that have triggered his/her anger.
B. The client was assisted in identifying situations, people, and thoughts that have triggered his/her anger.
C. The client was assisted in identifying the thoughts, feelings, and actions that have characterized his/her anger responses.

2. Administer Anger Expression Assessment Instruments (2)

A. The client was administered psychological instruments designed to objectively assess anger traits.
B. The client was assessed with the Anger, Irritability, and Assault questionnaire (AIAQ).
C. The Buss-Durkee Hostility Inventory (BDHI) was used to assess the client's anger expression.
D. The State-Trait Anger Expression Inventory (STAXI) was used to assess the client's anger expression.
E. Feedback was provided to the client regarding the results of the anger expression assessment.
F. The client declined to complete the psychological instruments designed to objectively assess anger expression, and the focus of treatment was changed to this resistance.

3. Educate about Addictive Behavior to Relieve Uncomfortable Feelings (3)

A. The client was educated about the tendency to engage in addictive behavior as a means of relieving uncomfortable feelings.
B. The client was able to develop a list of several incidences of how addictive behavior has been used as a means of relieving uncomfortable feelings.
C. The client reported a decrease in the use of addictive behaviors as a means of relieving uncomfortable feelings; this success was highlighted.
D. The client reported that he/she has not decreased his/her use of addictive behaviors as a means of relieving uncomfortable feelings, and was provided with additional feedback in this area.

4. Teach about High-Risk Situations (4)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, strong positive emotions, testing personal control).

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B. The client was taught about how anger, as a negative emotion, places him/her at a higher risk for addiction.
C. Active listening skills were used as the client acknowledged the higher risk of addictive behaviors related to negative emotions, social pressure, interpersonal conflict, positive emotions, and testing personal control.
D. The client was supported as he/she acknowledged how anger places him/her at a higher risk for addiction.
E. The client rejected the connections between anger and higher risk of substance abuse, and was provided with additional feedback.

5. Refer for Psychopharmacological Intervention (5)

A. The client was referred to a physician for the purpose of evaluation for a prescription for psychotropic medication to aid in reducing tension and improving anger control.
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medication provided by the physician.

6. Administer Medication (6)

A. Medical staff administered psychotropic medications as prescribed.
B. Medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medication as prescribed.

7. Monitor Medication Effectiveness and Side Effects (7)

A. As the client has taken psychotropic medication prescribed by his/her physician, the effectiveness and side effects of the medication have been monitored.
B. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
D. The client has not consistently taken the prescribed psychotropic medication and has been redirected to do so.
E. The client identified side effects of the psychotropic medications and was directed to consult with a physician if the side effects persist or worsen.

8. Assign an Anger Journal (8)

A. The client was assigned to keep a daily journal in which he/she would document persons or situations that cause anger, irritation, and disappointment, and to record the depth of anger, rating on a scale of 1 to 100.
B. The client was assigned "Anger Journal" from the *Adult Psychotherapy Homework Planner,* 2nd ed. by Jongsma.
C. The client was assigned "Is My Anger Due to Feeling Threatened?" from the *Addiction Treatment Homework Planner,* 4th ed. by Finley and Lenz.
D. The client was assigned "Is My Anger Due to Unmet Expectations?" from the *Addiction Treatment Homework Planner,* 4th ed. by Finley and Lenz.

E. The client has kept a journal of anger-producing situations and this material was processed within the session.
F. It was noted that the client has become more aware of the causes for targets of his/her anger, as a result of journaling these experiences on a daily basis.
G. The client has not kept an anger journal and was redirected to do so.

9. Reconceptualize Anger (9)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which leads to acting out.
E. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.
F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

10. List Targets of/Causes for Anger (10)

A. The client was assisted to list as many of the causes for and targets of his/her anger that he/she is aware of.
B. The client's list of targets of and causes for anger was processed in order to increase his/her awareness of anger management issues.
C. The client has indicated a greater sensitivity to his/her angry feelings and the causes for them as a result of the focus on these issues.
D. The client has not been able to develop a comprehensive list of causes for and targets of anger and was provided with tentative examples in this area.

11. List Negative Anger Impact (11)

A. The client was assisted in listing ways that his/her explosive expression of anger has negatively impacted his/her life.
B. The client was supported as he/she identified many negative consequences that have resulted from his/her poor anger management.
C. It was reflected to the client that his/her denial about the negative impact of his/her anger has decreased and he/she has verbalized an increased awareness of the negative impact of his/her behavior.
D. The client has been guarded about identifying the negative impact of his/her anger and was provided with specific examples of how his/her anger has negatively impacted his/her life and relationships (e.g., injuring others or self, legal conflicts, loss of respect from self or others, destruction of property).

12. Engage in New Ways to Recognize and Manage Anger (12)

A. The client was asked to learn new ways to recognize and manage his/her anger.

B. The client was reinforced for his/her agreement to learn new ways to recognize and manage anger.
C. The client was uncertain about committing to any change about his/her anger pattern, and was provided with additional feedback in this area.

13. Teach Calming Techniques (13)

A. The client was taught deep-muscle relaxation, rhythmic breathing, and positive imagery as ways to reduce muscle tension when feelings of anger are experienced.
B. The client has implemented the relaxation techniques and reported decreased reactivity when experiencing anger; the benefits of these techniques were underscored.
C. The client has not implemented the relaxation techniques and continues to feel quite stressed in the face of anger; he/she was encouraged to use the techniques.

14. Explore Self-Talk (14)

A. The client's self-talk that mediates his/her angry feelings was explored.
B. The client was assessed for self-talk, such as demanding expectations reflected in "should," "must," or "have to" statements.
C. The client was assisted in identifying and challenging his/her biases and in generating alternative self-talk that corrects for the biases.
D. The client was taught about how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

15. Assign Self-Talk Homework (15)

A. The client was assigned a homework exercise in which he/she identifies angry self-talk and generates alternatives that help moderate angry reactions.
B. The client's use of self-talk alternatives was reviewed within the session.
C. The client was reinforced for his/her success in changing angry self-talk to more moderate alternatives.
D. The client was provided with corrective feedback to help improve his/her use of alternative self-talk to moderate his/her angry reactions.

16. Assign Thought-Stopping Technique (16)

A. The client was directed to implement a thought-stopping technique on a daily basis between sessions.
B. The client was assigned "Making Use of the Thought-Stopping Technique" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for his/her helpful use of the thought-stopping technique.
E. The client was provided with corrective feedback to help improve his/her use of the thought-stopping technique.

17. Teach Assertive Communication (17)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.

B. The client was referred to an assertiveness training class.
C. The client displayed increased assertiveness and was provided with positive feedback in this area.
D. The client has not increased his/her level of assertiveness and was provided with additional feedback in this area.

18. Teach Conflict Resolution Skills (18)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I messages," respectful communication, assertiveness without aggression, and compromise.
D. The client was reinforced for his/her clear understanding of the conflict resolution skills.
E. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

19. Conduct Conjoint Session for Assertiveness (19)

A. The client was asked to invite his/her significant other for a conjoint session.
B. The client and his/her significant other were seen together in order to help implement assertiveness, problem-solving, and conflict resolution skills.
C. The client was reinforced for his/her increased use of assertiveness, problem-solving, and conflict resolution skills with his/her significant other.
D. The client's significant other was urged to assist the client in his/her use of assertiveness, problem-solving, and conflict resolution skills.
E. The client has not regularly used assertiveness, problem-solving, and conflict resolution skills with his/her significant other and was assisted in identifying barriers to this success.

20. Construct Strategy for Managing Anger (20)

A. The client was assisted in constructing a client-tailored strategy for managing his/her anger.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to his/her needs.
C. The client was reinforced for his/her comprehensive anger management strategy.
D. The client was redirected to develop a more comprehensive anger management strategy.

21. Select Challenging Situations for Managing Anger (21)

A. The client was provided with situations in which he/she may be increasingly challenged to apply his/her new strategies for managing anger.
B. The client was asked to identify his/her likely upcoming challenging situations for managing anger.
C. The client was urged to use his/her strategies for managing anger in successively more difficult situations.

22. Consolidate Anger Management Skills (22)

A. Techniques were used to help the client consolidate his/her new anger management skills.

B. Techniques such as relaxation, imagery, behavioral reversal, modeling, role-playing, or in vivo exposure/behavioral experiences were used to help the client consolidate the use of his/her new anger management skills.
C. The client's use of techniques to consolidate his/her anger management skills were reviewed and reinforced.

23. Monitor/Decrease Outbursts (23)

A. The client's reports of angry outbursts were monitored toward the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use his/her new anger management skills to decrease the frequency intensity, and duration of his/her angry outbursts.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner,* 2nd ed. by Jongsma.
D. The client's progress in decreasing his/her angry outbursts was reviewed.
E. The client was reinforced for his/her success at decreasing the frequency, intensity, and duration of his/her angry outbursts.
F. The client has not decreased his/her frequency, intensity, or duration of angry outbursts and corrective feedback was provided.

24. Encourage Disclosure (24)

A. The client was encouraged to discuss his/her anger management goals with trusted persons who are likely to support his/her change.
B. The client was assisted in identifying individuals who are likely to support his/her change.
C. The client has reviewed his/her anger management goals with trusted persons and their responses were processed.
D. The client has not discussed his/her anger management goals and was redirected to do so.

25. Differentiate between Lapse and Relapse (25)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of angry outbursts.
C. A relapse was associated with the decision to return to the old pattern of anger.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

26. Discuss Management of Lapse Risk Situations (26)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

27. Encourage Routine Use of Strategies (27)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., calming adaptive self-talk, assertion, and/or conflict resolution).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

28. Develop a "Coping Card" (28)

A. The client was provided with a "coping card" on which specific coping strategies were listed.
B. The client was assisted in developing his/her "coping card" in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her "coping card" when struggling with anger-producing situations.

29. Schedule "Maintenance" Sessions (29)

A. The client was assisted in scheduling "maintenance" sessions to help maintain therapeutic gains and adjust to life without angry outbursts.
B. Positive feedback was provided to the client for his/her maintenance of therapeutic gains.
C. The client has displayed an increase in anger symptoms and was provided with additional relapse prevention strategies.

30. Assign Reading Material (30)

A. The client was assigned to read material that educates him/her about anger and its management.
B. The client was directed to read *Overcoming Situational and General Anger: Client Manual* (Deffenbacher and McKay).
C. The client has read the assigned material on anger management and key concepts were reviewed.
D. The client has not read the assigned material on anger management and was redirected to do so.

31. List Anger Causes/Targets (31)

A. The client was assigned to list as many of the causes of his/her anger of which he/she is aware, as well as targets of the anger.
B. The client's list of anger causes and targets was processed in order to increase his/her awareness of anger management issues.
C. The client was noted to have a greater sensitivity to his/her angry feelings and the causes for them, as a result of focusing his/her attention on these issues.
D. The client has not made a list of anger causes and targets and was redirected to do so.

32. List the Family-of-Origin Hurtful Experiences (32)

A. The client was assisted in identifying those painful and hurtful experiences from his/her family of origin that have led to seeing people and situations as dangerous and threatening.
B. Active listening skills were used as the client reported a significant history of abusive experiences that has fueled his/her anger toward others.
C. As the client has shared experiences of pain and hurt from the past, he/she has been noted to be less reactive with anger in the present.
D. The client has struggled to identify painful and hurtful experiences and was provided with support about the difficulty of doing so, as well as redirection to discuss these experiences.

33. Identify Anger Expression Models (33)

A. The client was assisted in identifying key figures in his/her life that have provided examples to him/her of how to positively or negatively express anger.
B. The client was reinforced as he/she identified several key figures who have been negative role models in expressing anger explosively and destructively.
C. The client was supported and reinforced as he/she acknowledged that he/she manages his/her anger in the same way that an explosive parent figure had done when he/she was growing up.
D. The client was encouraged to identify positive role models throughout his/her life whom he/she could respect for their management of angry feelings.
E. The client was supported as he/she acknowledged that others have been influential in teaching him/her destructive patterns of anger management.
F. The client failed to identify key figures in his/her life who have provided examples to him/her as to how to positively express his/her anger and was questioned more specifically in this area.

34. Teach Anger Effects (34)

A. The client was educated regarding the ways in which anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others.
B. The client verbalized an understanding of how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others; this insight was reinforced.
C. The client's understanding of the effects of anger has resulted in him/her demonstrating improved anger management; this progress was highlighted.
D. The client did not accept the relationship between how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others; he/she was urged to continue to consider this relationship.

35. Review the Impact of Aggression on Others (35)

A. Modeling and role reversal were used to identify how the client's aggressive behavior has had negative consequences on others, who have been the target of, or witness to, the violence.
B. The client was assisted in identifying several ways in which his/her aggressive behavior has had a negative impact on others.

C. The client denied any responsibility for the negative effects of his/her aggressive behavior on others.

36. Develop Forgiveness (36)

A. The client was assisted in identifying whom he/she needs to forgive.
B. The client was educated as to the long-term process that is involved in forgiveness, versus it being a magical, single event.
C. The client was encouraged to read *Forgive and Forget* (Smedes) to learn more about the process of forgiveness.
D. The client identified a list of individuals whom he/she needs to forgive.
E. The client was reluctant to emphasize forgiveness, and was provided with additional support in this area.

37. Turn Perpetrators Over to the Higher Power (37)

A. The client was taught about the 12-step recovery program concept of a higher power.
B. The client was taught about the choice to turn the perpetrators of pain over to his/her higher power for judgment.
C. The client indicated that he/she understands the concept of a higher power and using the higher power for judgment of perpetrators of pain; this insight was processed.
D. The client rejected the idea of a higher power as a way to provide judgment for perpetrators of pain, and was urged to consider this further.

38. Focus on Exercise Program (38)

A. The client was taught the importance of regular exercise in improving anger control and reducing addictive behavior.
B. The client was referred for assistance in developing an individually-tailored exercise program that is approved by his/her personal physician.
C. The client was reinforced as he/she has accepted the need for regular exercise and has developed a program of implementation.
D. The client reported implementing an exercise program and his/her level of relaxation was reviewed.
E. The client has resisted implementation of an exercise regimen, and was redirected to do so.

39. Teach the Importance of a 12-Step Recovery Program (39)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around him/her, and sharing feelings.
B. The client has verbalized an acceptance of his/her need for a 12-step recovery program, getting a sponsor, reinforcing people around him/her, and sharing feelings; this progress was reinforced.
C. The client was resistive to acceptance of a 12-step recovery program, and additional examples of how helpful this can be were provided.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of anger.

B. The client produced treatment outcome test scores indicating improvement on anger traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on anger traits; these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ANTISOCIAL BEHAVIOR

CLIENT PRESENTATION

1. Rule-Breaking History (1)*

A. The client confirmed that his/her history of rule breaking, lying, physical aggression, and/or disrespect for others and the law is associated with the use of drugs and/or alcohol.
B. The client reported frequent incarcerations due to illegal activities and drug/alcohol violations.
C. The client acknowledged that his/her substance abuse has paralleled his/her antisocial behavior.
D. The client has demonstrated and verbalized more respect for the rules of society and the needs of others.

2. Disregard for Others' Rights (2)

A. The client displayed little concern for the rights of others in his/her pattern of behavior.
B. The client has often demonstrated a pattern of violating the rights of others in order to meet his/her own needs.
C. The client verbalized an understanding of how his/her actions have negatively impacted others.
D. The client has demonstrated increased empathy and sensitivity to the rights of others.

3. Blaming Others (3)

A. The client refused to take responsibility for his/her own behavior and decisions; instead, he/she pointed to the behavior of others or to substance abuse as the cause for his/her actions.
B. The client's interpersonal conflicts were blamed on others or on substance abuse, without him/her taking any responsibility for the problems.
C. The client is beginning to accept personal responsibility for his/her own behavior, and makes fewer statements projecting responsibility for his/her actions onto others.

4. Aggressive Behavior to Control Others (4)

A. The client described a series of incidents in which he/she has become aggressive in order to manipulate, intimidate, or control others.
B. The client blamed his/her substance abuse for his/her aggressive/destructive behaviors.
C. The client has acknowledged his/her need to control his/her aggressive, manipulative, and intimidating behaviors.
D. The client has recently demonstrated good self-control and has not engaged in any aggressive, intimidating, or controlling behaviors.

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5. Dishonesty (5)

A. The client reported a pattern of lying to cover up his/her responsibility for action or substance abuse, with little shame or anxiety attached to this pattern of lying.
B. The client seemed to be lying during the session.
C. The client acknowledged that his/her dishonesty produced conflicts within relationships and distrust from others.
D. The client has committed himself/herself to being more honest in interpersonal relationships.

6. Hedonistic Lifestyle (6)

A. The client described a pattern of hedonistic, self-centered behaviors that reflect little regard by him/her for their negative effects on others.
B. The client was able to identify how his/her lifestyle is hedonistic and self-centered.
C. The client was able to identify how his/her lifestyle has displayed little regard by him/her for any values beyond seeking to feel good.
D. The client has displayed a pattern of acting with greater regard for the needs and welfare of others.

7. Lack of Empathy (7)

A. The client described patterns of aggression and disrespect for others, and displayed no remorse or empathy for how this behavior affects others.
B. The client projected blame for his/her hurtful behavior onto others or onto substance abuse, saying that he/she had no alternative.
C. The client has begun to develop some empathy for the feelings of others, but only to those who are close to him/her (i.e., friends and family).
D. The client has reported feelings of empathy both for those who are close to him/her and to others.

8. Adolescent Criminal Activity (8)

A. The client confirmed that his/her history of criminal activity and addiction began when he/she was a teenager.
B. The client reported that he/she was often involved with juvenile justice officials or incarcerated within the juvenile justice system for illegal activities and substance abuse.
C. The client acknowledged that his/her substance abuse paralleled his/her antisocial behavior and dates back to adolescence.

9. Recklessness/Thrill Seeking (9)

A. The client reported having engaged in reckless, adventure-seeking behavior and substance abuse, reflecting a high need for excitement, having fun, and living "on the edge."
B. The client described a series of reckless actions, often while under the influence of substances, which showed little consideration for the consequences of such actions.
C. The client has begun to control his/her reckless impulses and substance abuse, and has reported that he/she is trying to think of the consequences before acting recklessly.

10. Impulsivity (10)

A. The client's pattern of impulsive behavior and substance use is demonstrated in his/her frequent geographical moves, traveling with few or no goals, and quitting one job after another.

B. The client's impulsivity has resulted in a life of instability and negative consequences for self and others.

C. The client has acknowledged that his/her life of impulsive reactivity and substance abuse has had many negative consequences and that he/she is now committed to making an effort to control these impulses.

D. The client has shown progress in controlling impulsive reactivity and substance misuse, and now considers the possible consequences of his/her actions before reacting.

INTERVENTIONS IMPLEMENTED

1. Identify Antisocial and Addictive Behavior as Self-Defeating (1)*

A. The client was asked to list the negative consequences that have accrued to him/her due to his/her antisocial behavior.

B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).

C. The client was asked to identify others who have been negatively impacted by his/her antisocial behavior, and to list the specific pain that these individuals have suffered.

D. The client was asked to verbalize an acceptance of the powerlessness and unmanageability he/she has over antisocial behavior and addiction.

E. The client was confronted with the fear, disappointment, loss of trust, and loss of respect that others experience as a consequence of his/her self-centered behavior and lack of sensitivity.

F. The client denied any negative or self-defeating consequences due to his/her antisocial/addictive behavior, and was provided with tentative examples of how this occurs.

G. The client has not completed the assigned Step One homework, and was redirected to do so.

2. Recognize Reciprocity of Antisocial and Addictive Behavior (2)

A. The client was presented with the concept of a reciprocal relationship between his/her antisocial behavior and addiction.

B. The client was asked to identify how substances have played a part in his/her choices regarding antisocial behavior.

C. The client was asked to verbalize how his/her antisocial behavior has encouraged his/her addiction.

D. The client denied any connection between his/her antisocial and addictive behaviors, and was urged to remain open to this concept.

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3. Administer Antisocial Behavior Rating Scales (3)

A. The client was administered psychological instruments designed to objectively assess baseline levels of antisocial behavior, impulsivity, and/or aggression.
B. The client was administered the Psychopathy Checklist-Revised (PCL-R).
C. The client was administered the Aggressive Acts Questionnaire (AAQ).
D. The client was administered the Barratt Impulsiveness Scale-11 (BIS-11).
E. The client was provided feedback regarding the results of the assessment of antisocial behavior, impulsivity, and/or aggression.
F. The client declined to participate in taking the instruments used to assess antisocial behavior, impulsivity, and/or aggression, and was redirected to do so.

4. Recognize *Insanity* (4)

A. The client was presented with the concept of how doing the same things over and over again but expecting different results is irrational.
B. The client was presented with the concept that irrational behavior (e.g., doing the same thing over and over and expecting different results) is what 12-step recovery programs call *insane.*
C. The client was asked to identify his/her experience of *insane* and *irrational* behavior and how this concept applies to him/her.
D. The client rejected the concept of his/her behavior being *insane* or *irrational,* and was provided with remedial feedback in this area.

5. Review the Rules and Consequences for Failure to Comply (5)

A. The client was presented with a list of rules that must be kept by participants in the treatment program.
B. The client was presented with a list of general societal rules/expectations.
C. The client was presented with appropriate consequences for failing to follow the rules.
D. The client was praised as he/she has been able to maintain the rules of the program.
E. The client has failed to follow the presented rules, and appropriate consequences have been implemented.

6. Review Rule Breaking and Natural Consequences (6)

A. The client was presented with several examples of his/her rule/limit breaking that have led to negative consequences for self and others.
B. The client was asked to identify several examples of his/her rule/limit breaking that have led to negative consequences for self and others.
C. The client was consistently reminded of the pain that others suffer as a result of his/her antisocial behavior.

7. Teach about Empathy (7)

A. Role-playing and role reversal techniques were used to teach the client the value of being empathetic to the needs, rights, and feelings of others.
B. The client was assigned "How I Have Hurt Others" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).

C. The client was asked to commit himself/herself to acting more sensitively to the rights and feelings of others.
D. The client has not completed the assigned "How I Have Hurt Others" homework, and was redirected to do so.

8. Teach about Criminal Thinking (8)

A. The client was taught that actions do not spontaneously occur, but rather are preceded by a variety of decisions.
B. The client was asked to review how his/her decisions are sometimes based in criminal thinking.
C. The client was asked to list five times that antisocial behavior lead to negative consequences, and to also list the many decisions that were made along the way.
D. The client was helped to see how many negative consequences are preceded by decisions based in criminal thinking.
E. It was pointed out to the client that he/she justifies his/her antisocial attitude as the way that he/she learned to live because of childhood or other socialization processes.

9. Teach about the Effects of Dishonesty (9)

A. The client was asked to list the positive effects for others when he/she is honest and reliable.
B. The client was taught that pain and disappointment result when honesty and reliability are not given the highest priority in one's life.
C. The client was asked to identify situations in which he/she could be more honest and reliable.
D. The client identified ways in which he/she is being more honest and reliable, and these were processed.
E. The client was confronted for continuing to be dishonest and unreliable.

10. Connect Criminal Activity and Low Self-Esteem (10)

A. The client was taught about how the emotional dynamics of criminal activity lead to feelings of low self-esteem.
B. The client was asked to identify personal examples of how criminal activity has led to feelings of low self-esteem.
C. The client displayed a clearer understanding of the connection between criminal activity and feelings of low self-esteem, and this insight was reinforced.
D. The client had difficulty displaying an understanding of the connection between criminal activity and low self-esteem, and was provided with additional information in this area.

11. Link Criminal Thinking to Antisocial Behavior and Addiction (11)

A. The client was taught how criminal thinking (e.g., super-optimism, little empathy for others, power orientation, a sense of entitlement, self-centeredness) leads to antisocial behavior and addiction.
B. Personal examples of how criminal thinking has led to antisocial behavior and addiction in the client's life were processed.
C. The client denied that he/she has engaged in criminal thinking leading to antisocial behavior and addiction, and was provided with remedial feedback.

12. Identify How Blaming Results in Continued Mistakes (12)

A. The client was asked to identify how blaming others results in a failure to learn from his/her mistakes.
B. The client was confronted with a pattern of his/her behavior that demonstrates a failure to learn from mistakes.
C. The client was asked to list incidents from his/her past that are examples of blaming others, resulting in a failure to learn from mistakes.
D. Active listening was provided as the client displayed an understanding of how blaming others results in a failure to learn from mistakes, and described situations in which he/she was changing that pattern.
E. The client was confronted for continuing to blame others for his/her own mistakes.

13. Explore Reasons for Blaming (13)

A. The client's history was explored, with a focus on causes for the avoidance of accepting responsibility for his/her own behavior.
B. The client's history of physical and emotional abuse was explored, and an association to denying responsibility for his/her behavior was made.
C. The client's early history of lying was explored as to causes and consequences.
D. Parental modeling of projection of responsibility for their behavior was examined.

14. Confront Projection (14)

A. The client was consistently confronted for failing to take responsibility for his/her own actions and for placing the blame for them onto others.
B. As the client's pattern of projecting blame onto others began to weaken, he/she was reinforced for taking personal responsibility for his/her actions.
C. The importance of taking responsibility for one's own behavior and the positive implications for this as a way to motivate change were reviewed.

15. Teach the Difference between Antisocial and Prosocial Behaviors (15)

A. The specific criteria for identifying antisocial behaviors and the opposite prosocial behaviors were brainstormed with the client.
B. A commitment to practicing prosocial behaviors was developed.
C. The client was assisted in developing a list of prosocial behaviors (e.g., helping others) to practice each day.
D. The client was helped to identify several instances in which he/she has been practicing prosocial behaviors.
E. The client was confronted for persisting in antisocial behaviors.

16. Confront Disrespect (16)

A. The client was confronted consistently and firmly when he/she exhibited an attitude of disrespect for the rights and feelings of others.
B. It was firmly and consistently emphasized to the client that others have a right to boundaries, privacy, and respect for their feelings and property.

C. Thoughtful attitudes and beliefs about the welfare of others, as well as respect for others, were modeled for the client.

17. List Typical Antisocial Thoughts and Alternative Thoughts (17)

A. The client was assisted in identifying his/her typical antisocial thoughts.
B. Positive feedback was provided as the client listed typical antisocial thoughts, as well as alternative, respectful, trusting, empathic, and prosocial thoughts.
C. The client identified success in using alternate, respectful, trusting, empathic thoughts to replace antisocial thoughts; this progress was highlighted.
D. The client acknowledged an ongoing pattern of antisocial thoughts, and a lack of the use of alternate, more prosocial thoughts; additional alternatives were provided.

18. Teach Recovery Group Involvement (18)

A. The client was taught about how active involvement in a recovery group is a way to build trust in and respect for others as well as to develop confidence in one's self.
B. The client was provided with examples of how recovery groups provide emotional support, social relationships, and guidance, as well as relieve anxiety and reinforce self-worth.
C. The client was assigned the Step Three exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client was referred to an appropriate recovery group.
E. The client's involvement in an active recovery group was reinforced.
F. The client acknowledged that he/she had not followed through with involvement in the recovery group, and he/she was redirected to do so.
G. The client has not completed the assigned Step Three homework, and was redirected to do so.

19. Confront Rule Breaking (19)

A. The client was firmly and consistently confronted when he/she broke the rules, blamed others, or made excuses.
B. As the client's pattern of breaking rules, blaming others, or making excuses weakened, he/she was reinforced for taking personal responsibility for his/her own behavior.
C. The client maintained a pattern of breaking rules, blaming others, and making excuses, and was redirected in this area.

20. Address Legal Problems (20)

A. The client was supported, encouraged, and reinforced in addressing legal problems that have resulted from his/her irresponsible behavior.
B. It was reflected that the client has taken increased responsibility in addressing legal problems honestly and directly.
C. The client was confronted for his/her continuing an inappropriate pattern of trying to escape the legal effects of his/her behavior.

21. Teach about Helping Others via Recovery Groups (21)

A. The client was taught how helping others at recovery groups can increase empathy and build mutual trust and respect.

B. The client reported attending a recovery group, situations in which he/she has been able to help others, and the positive effect he/she has received were reviewed.
C. The client acknowledged a lack of recovery group attendance, and failure to help others, and he/she was redirected to do so.

22. Practice Encouraging Others (22)

A. Modeling, role-playing, and behavior rehearsal were used to practice with the client how he/she can encourage others in recovery.
B. The client's positive experiences with encouraging others in recovery were reviewed.
C. The client acknowledged that he/she had not utilized techniques to encourage others in recovery, and he/she was redirected to do so.

23. List the Value of Trust in Others (23)

A. The client was asked to list the benefits of trusting others, and how these are important basic elements for any human relationship.
B. The client was taught the absolute necessity of trust in others as an example of the different forms of relationships that are based in trust and honesty.
C. The client was asked to list the positive effects for others when he/she is trusting in others.
D. The client rejected the concept of positive benefits of trusting others, and has not focused in this area; he/she was redirected to do so.

24. Acknowledge Others' Hurt (24)

A. The client was encouraged to be honest in acknowledging how he/she has hurt others.
B. The client was assigned "How I Have Hurt Others" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was assisted in identifying how his/her antisocial and addictive behaviors have resulted in pain and disappointment to others.
D. The client reported regret regarding how his/her behavior has hurt others, and this was processed.
E. The client refused to acknowledge how his/her behavior has hurt others, and this was labeled as denial.
F. The client has not completed the assigned "How I Have Hurt Others" homework, and was redirected to do so.

25. Confront Denial of Responsibility (25)

A. The client was firmly and consistently confronted when he/she attempted to deny responsibility for his/her self-centered and impulsive behaviors.
B. The client was directed to identify how his/her behavior discouraged others from placing trust in him/her.
C. Positive reinforcement was provided as the client reported an understanding of how his/her denial of responsibility has invoked the lack of trust from others.
D. The client was assigned "Letter of Apology" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

E. It was noted that the client has made a commitment to accept responsibility for his/her own behavior, in order to increase others' trust in him/her.
F. The client denied having any irresponsible, self-centered, or impulsive behaviors, and was urged to monitor this dynamic.
G. The client has not completed the assigned "Letter of Apology" homework, and was redirected to do so.

26. Emphasize Keeping Commitments (26)

A. The importance of keeping commitments and promises to others and finding ways to prove self as trustworthy in relationships were discussed with the client.
B. The client was assisted in endorsing several ways in which he/she has attempted to prove himself/herself trustworthy in relationships.
C. The client reported a significant increase in keeping commitments, as well as other ways of proving himself/herself trustworthy in relationships; this progress was highlighted.
D. The client acknowledged an ongoing pattern of failure in keeping commitments and a continuing lack of trustworthiness in relationships; he/she was urged to make some commitments in this area.

27. Establish Sponsor Relationship (27)

A. The client was introduced to a 12-step recovery group sponsor.
B. The client was encouraged to ask a stable person in recovery to be his/her sponsor.
C. The client was taught about the many ways in which a sponsor can be helpful in recovery.
D. The client has not asked someone to be his/her sponsor, and he/she was redirected to do so.

28. Develop an Aftercare Plan (28)

A. The client was assisted in developing an aftercare plan, including his/her regular attendance at AA/NA meetings, which will support recovery from antisocial issues.
B. The client was assisted in listing several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups and a sponsor, family activities, counseling with a specific psychotherapist).
C. The client was assigned "Taking Daily Inventory" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was reinforced as he/she described his/her active pursuit of the elements of his/her aftercare plan.
E. The client has not followed through on his/her aftercare plan, and he/she was redirected to do so.
F. The client has not completed the assigned "Taking Daily Inventory" homework, and was redirected to do so.

29. Teach the Family about Criminal Thinking (29)

A. Family members were taught about criminal thinking, and the client was assisted in identifying how this occurs for him/her.
B. Family members reported an understanding of what they were taught about how criminal thinking occurs for the client.

C. Family members were taught about how to correct the client's inaccurate thoughts.
D. Family members were reinforced for a willingness to confront and correct the client's inaccurate thoughts.

30. Encourage Family Recovery (30)

A. The client's family members were encouraged to each work out their own program of recovery.
B. The client's family members were encouraged as they reported an ongoing pattern of utilizing their own program of recovery.
C. Family members were taught the need to overcome the denial of and making excuses for the client's antisocial behavior.
D. As the client has improved, the family has identified a decrease in reinforcing or being intimidated by the client's antisocial behavior; this progress was celebrated.
E. The client reported that family members are not working out their own program of recovery, and they were confronted about this.
F. Family members reported a continuing pattern of reinforcing and of being intimidated by the client's antisocial behavior, and additional interventions were brainstormed.

31. Teach Conflict Resolution Techniques (31)

A. Family members were taught conflict resolution techniques through behavior rehearsal, modeling, and role-playing within the session.
B. Family members were reinforced as they reported implementation of the conflict resolution techniques to settle issues reasonably between family members.
C. Family members have not utilized conflict resolution techniques, and they were redirected to do so.

32. Direct Family Members to List Support for Recovery (32)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. The client reported family members assisting significantly in encouragement and other techniques to help him/her recover from antisocial behavior and addiction; this help was reinforced.
C. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support the client's recovery.

33. Re-administer Antisocial Behavior Rating Scales (33)

A. The client was re-administered psychological instruments designed to objectively assess antisocial behavior, impulsivity, and/or aggression, in order to identify his/her level of progress.
B. The client was administered the Psychopathy Checklist-Revised (PCL-R).
C. The client was administered the Aggressive Acts Questionnaire (AAQ).
D. The client was administered the Barratt Impulsiveness Scale-11 (BIS-11).
E. The client was provided feedback regarding the results of the assessment of antisocial behavior, impulsively, and/or aggression, including how he/she has progressed.
F. The client declined to participate in taking the instruments used to assess antisocial behavior, impulsivity, and/or aggression, and was redirected to do so.

34. Assess Satisfaction (34)

A. A client satisfaction survey was administered.
B. The client displayed a high level of satisfaction, which was reviewed with the client.
C. The client displayed a medium level of satisfaction with services, which was reviewed with the client.
D. The client displayed a low level of satisfaction with treatment, and the reasons for this were processed.
E. The client declined to take the satisfaction survey, and was redirected to do so.

ANXIETY

CLIENT PRESENTATION

1. Excessive Worry (1)*

A. The client described symptoms of preoccupation with worry that something dire will happen.
B. The client showed some recognition that his/her excessive worry is beyond the scope of rationality, but he/she is unable to control it.
C. The client described that he/she worries about issues related to family, personal safety, health, employment, and many other things.
D. The client reported that his/her worries regarding life's circumstances have diminished, and he/she is living with more of a sense of peace and confidence.

2. Constant Worry about Specific Issues (2)

A. The client described that he/she worries about issues related to family, job, social interactions, or health.
B. The client identified a pattern of substance abuse accompanied by constant worries about family, job, social interactions, or health.
C. The client described a decrease in worry about life's circumstances and reports that he/she is living with more of a sense of peace and confidence.

3. Blames Self for Small Mistakes (3)

A. The client has a propensity to become anxious with himself/herself regarding even the slightest imperfections or mistakes.
B. When the client does not meet his/her own excessively high standards, he/she becomes self-critical, frustrated, and anxious.
C. The client is becoming more tolerant of his/her own mistakes and slight imperfections.

4. Fear of Social Mistakes (4)

A. The client reported resisting involvement in social situations because of a fear of saying or doing something foolish or embarrassing in front of others.
B. The client has been reluctant to become involved in social situations because he/she is fearful of his/her social anxiety becoming apparent to others.
C. The client has become more confident of his/her social skills and has begun to interact more comfortably with others.
D. The client reported being able to interact socially without showing signs of social anxiety that would embarrass him/her.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Autonomic Hyperactivity (5)

A. The client reported symptoms of autonomic hyperactivity (e.g., heart palpitations, dry mouth, tightness in the throat, shortness of breath).
B. The client reported periods of nausea and diarrhea when anxiety levels escalate.
C. The client stated that tension headaches are also occurring, along with other anxiety-related problems.
D. Anxiety-related symptoms have diminished as the client has learned new coping mechanisms.

6. Motor Tension (6)

A. The client described a history of restlessness, tiredness, muscle tension, and shaking.
B. The client moved about in his/her chair frequently and sat stiffly.
C. The client said that he/she is unable to relax and is always restless and stressed.
D. The client reported that he/she has been successful in reducing levels of tension and in increasing levels of relaxation.

7. Substance Abuse to Control Anxiety Symptoms (7)

A. The client described a history of substance abuse as an attempt to control anxiety symptoms.
B. The client identified substance abuse as a self-medication tool regarding anxiety symptoms.
C. The client identified a decrease in the abuse of substances related to controlling anxiety symptoms.
D. The client has maintained total abstinence despite ongoing anxiety symptoms.

8. Hypervigilance (8)

A. The client related that he/she constantly feels on edge, that sleep is interrupted, and that concentration is difficult.
B. The client reported being irritable in interactions with others, as his/her patience is thin and he/she is worrying about everything.
C. The client's family members report that the client is difficult to get along with, as his/her irritability level is high.
D. The client's level of tension has decreased, sleep has improved, and irritability has diminished as new anxiety-coping skills have been implemented.

INTERVENTIONS IMPLEMENTED

1. Assess Nature of Anxiety Symptoms (1)*

A. The client was asked about the frequency, intensity, duration, and history of his/her anxiety symptoms, fear, and avoidance.
B. The Anxiety Disorder's Interview Schedule for *DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's anxiety symptoms.
C. The assessment of the client's anxiety symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

D. The assessment of the client's anxiety symptoms indicates that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's anxiety symptoms indicate that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's anxiety symptoms were reviewed with the client.

2. Develop a Time Line (2)

A. A graphic time line display was used to help the client chart his/her pattern of anxiety symptoms.
B. The client was assigned "My Anxiety Profile" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client identified his/her precursors, triggers, anxiety symptoms, and effects on a time line to review how he/she experiences, and is affected by, anxiety.
D. The client displayed a greater understanding of his/her pattern of anxiety problems and was given support and feedback in this area.
E. The client failed to adequately understand his/her pattern of anxiety symptoms and was redirected in this area.
F. The client did not complete the anxiety profile exercise and was redirected to do so.

3. Explore Anxiety/Addiction Making Life Unmanageable (3)

A. The client was presented with the concept that his/her powerlessness over anxiety and addiction make his/her life unmanageable.
B. The client was assisted in identifying specific instances wherein he/she has been powerless over his/her addiction and has experienced anxiety, causing his/her life to be unmanageable.
C. As the client's anxiety has decreased, his/her life has been noted to be somewhat more manageable.
D. The client denied any concerns in regard to his/her anxiety/addiction making life unmanageable, and was provided with feedback about how the clinician sees this occurring.

4. Teach Anxiety/Addiction Relationship (4)

A. The client was taught the relationship between anxiety and addiction, including how substances can be used to treat the anxious symptoms.
B. The client was taught about how more substance abuse becomes necessary to cope with the ongoing anxiety symptoms.
C. The client was assigned "Coping with Stress" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client accepted the relationship between anxiety and addiction and was assisted in identifying specific examples from his/her experience that support this pattern.
E. The client reported decreased substance use during anxious situations, and this success was celebrated.
F. It was noted that despite learning about the connection between anxiety and addiction, the client has not decreased substance use during anxious situations.
G. The client has not completed the "Coping with Stress" homework, and was redirected to do so.

5. Administer Assessments for Anxiety Symptoms (5)

A. The client was administered psychological instruments designed to objectively assess his/her level of anxiety.
B. The client was administered the Beck Anxiety Inventory (BAI).
C. The client was administered the Hamilton Anxiety Rating scale (HARS).
D. The client was provided with feedback regarding the results of the assessment of his/her level of anxiety.
E. The client declined to participate in the objective assessment of his/her level of anxiety, and this resistance was processed.

6. Refer to a Physician (6)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a physician for a prescription of psychotropic medications and was redirected to cooperate with this referral.

7. Educate about Psychotropic Medications (7)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for, and expected benefits of, psychotropic medications and was provided with additional information and feedback regarding his/her medications.

8. Monitor Medications (8)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

9. Review Side Effects of Medications (9)

A. The possible side effects related to the client's medications were reviewed with him/her.
B. The client identified significant side effects, and these were reported to the medical staff.
C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing any side effects.

10. Discuss Anxiety Cycle (10)

A. The client was taught about how anxious fears are maintained by a cycle of unwarranted fear and avoidance that precludes positive, corrective experiences with the feared object or situation.
B. The client was assigned "Analyze the Probability of a Feared Event" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was taught about how treatment breaks the anxiety cycle by encouraging positive, corrective experiences.
D. The client was taught information from *Mastery of Your Anxiety and Worry—Therapist Guide* (Craske and Barlow) regarding the anxiety pattern.
E. The client was reinforced as he/she displayed a better understanding of the anxiety cycle of unwarranted fear and avoidance and how treatment breaks the cycle.
F. The client displayed a poor understanding of the anxiety and was provided with remedial feedback in this area.

11. Discuss Target of Treatment (11)

A. A discussion was held about how treatment targets worry, anxiety symptoms, and avoidance to help the client manage worry effectively.
B. The reduction of over arousal and unnecessary avoidance were emphasized as treatment targets.
C. The client displayed a clear understanding of the target of treatment and was provided with positive feedback in this area.
D. The client struggled to understand the target of treatment and was provided with specific examples in this area.

12. Assign Reading on Anxiety (12)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on anxiety.
B. The client was assigned information from *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske).
C. The client has read the assigned information on anxiety, and key points were reviewed.
D. The client has not read the assigned information on anxiety and was redirected to do so.

13. Teach Relaxation Skills (13)

A. The client was taught relaxation skills.
B. The client was taught progressive muscle relaxation, guided imagery, and slow diaphragmatic breathing.
C. The client was taught how to discriminate better between relaxation and tension.
D. The client was taught how to apply relaxation skills to his/her daily life.
E. The client was taught relaxation skills as described in *Progressive Relaxation Training* (Bernstein and Borkovec).
F. The client was taught relaxation skills as described in *Treating GAD* (Rygh and Sanderson).
G. The client was provided with feedback about his/her use of relaxation skills.

14. Assign Relaxation Homework (14)

A. The client was assigned to do homework exercises in which he/she practices relaxation on a daily basis.
B. The client has regularly used relaxation exercises, and the helpful benefits of these exercises were reviewed.
C. The client has not regularly used relaxation exercises and was provided with corrective feedback in this area.
D. The client has used some relaxation exercises, but does not find these to be helpful; he/she was assisted in brainstorming how to modify these exercises to be more helpful.

15. Assign Reading on Relaxation and Other Calming Strategies (15)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies in relevant books and treatment manuals.
B. The client was directed to read about muscle relaxation and other calming strategies in *Progressive Relaxation Training* (Bernstein and Borkovic).
C. The client was directed to read about muscle relaxation and other calming strategies in *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske).
D. The client has read the assigned information on progressive muscle relaxation, and key points were reviewed.
E. The client has not read the assigned information on progressive muscle relaxation and was redirected to do so.

16. Utilize Biofeedback (16)

A. Electromyograph (EMG) biofeedback techniques were used to facilitate the client learning relaxation skills.
B. The client reported that he/she has implemented his/her use of relaxation skills in daily life to reduce levels of muscle tension and the experience of anxiety; the benefits of this technique were reviewed.
C. The client reported that his/her level of anxiety has decreased since relaxation techniques were implemented; he/she was encouraged to continue this technique.
D. The client has not followed through on implementation of relaxation skills to reduce anxiety symptoms; he/she was redirected to do so.

17. Identify Distorted Thoughts (17)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate anxiety responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was provided with tentative examples in this area.

18. Assign Exercises on Self-Talk (18)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was assigned "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.
F. The client was provided with corrective feedback for his/her failures to replace fearful self-talk with reality-based alternatives.
G. The client has not completed his/her assigned homework regarding fearful self-talk and was redirected to do so.

19. Teach Thought-Stopping (19)

A. The client was taught thought-stopping techniques that involve thinking of a stop sign and replacing negative thoughts with a pleasant scene.
B. The client was assigned "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client's implementation of the thought-stopping technique was monitored and his/her success with this technique was reinforced.
D. The client reported that the thought-stopping technique has been beneficial in reducing his/her preoccupation with anxiety-producing cognitions; he/she was encouraged to continue this technique.
E. The client has failed to use the thought-stopping techniques and his/her attempts to use these techniques were reviewed and problem-solved.

20. Read about Cognitive Restructuring of Fears (20)

A. The client was assigned to read about cognitive restructuring of fears or worries in books or treatment manuals.
B. *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske) was assigned to the client to help teach him/her about cognitive restructuring.
C. Key components of cognitive restructuring were reviewed.
D. The client has not done the assigned reading on cognitive restructuring, and was redirected to do so.

21. Assign Reading on Worry Exposure (21)

A. The client was assigned to read about worry exposure in relevant books or treatment manuals.
B. The client was assigned *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske) to learn about worry exposure.
C. Key concepts related to worry exposure were reviewed and processed within the session.
D. The client has not done the reading on worry exposure, and he/she was redirected to do so.

22. Construct Anxiety Stimulus Hierarchy (22)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with two or three spheres of worry.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her anxiety remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

23. Select Initial Exposures (23)

A. Initial exposures were selected from the hierarchy of anxiety-producing situations, with a bias toward the likelihood of being successful.
B. A plan was developed with the client for managing the symptoms that may occur during the initial exposure.
C. The client was assisted in rehearsing the plan for managing the exposure-related symptoms within his/her imagination.
D. Positive feedback was provided for the client's helpful use of symptom management techniques.
E. The client was redirected for ways to improve his/her symptom management techniques.

24. Assign Homework on Situational Exposures (24)

A. The client was assigned homework exercises to perform worry exposures and record his/her experience.
B. The client was assigned situational exposures homework from *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske).
C. The client was assigned situational exposures homework from *Generalized Anxiety Disorder* (Brown, O'Leary, and Barlow).
D. The client's use of worry exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of worry exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the worry exposure techniques and was redirected to do so.

25. Assign Imagination Exercises (25)

A. The client was asked to vividly imagine worse-case consequences of worries, holding them in mind until the anxiety associated with them weakens.
B. The client was asked to imagine consequences of his/her worries as described in *Mastery of Your Anxiety and Panic—Therapist Guide* (Craske and Barlow).
C. The client was supported as he/she maintained a focus on the worst-case consequences of his/her worry until the anxiety weakened.
D. The client was assisted in generating reality-based alternatives to the worst-case scenarios, and these were processed within the session.

26. Teach Problem-Solving Strategies (26)

A. The client was taught a specific problem-solving strategy.

B. The client was taught problem-solving strategies including specifically defining a problem, generating options for addressing it, implementing a plan, evaluating options, and reevaluating and refining the plan.
C. The client was provided feedback on his/her use of the problem-solving strategies.

27. Assign Problem-Solving Exercise (27)

A. The client was assigned a homework exercise in which he/she problem solves a current problem.
B. The client was assigned a problem to solve as described in *Mastery of Your Anxiety and Panic—Workbook* (Barlow and Craske).
C. The client was assigned a problem to solve as described in *Generalized Anxiety Disorder* (Brown, O'Leary, and Barlow).
D. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
E. The client was provided with feedback about his/her use of the problem-solving assignment.

28. Differentiate between Lapse and Relapse (28)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fears, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

29. Discuss Management of Lapse Risk Situations (29)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

30. Encourage Routine Use of Strategies (30)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

31. Probe Family-of-Origin Experiences (31)

A. Today's therapy session explored family-of-origin experiences for learning to be fearful and anxious.
B. The client was asked to explore how childhood experiences relate to current anxious thoughts, feelings, and behavior.
C. The client was given support and affirmation regarding the uncomfortable feelings related to fear-producing situations from his/her family of origin.
D. The client continued to exhibit anxiety related to family-of-origin experiences, and was provided with remedial information in this area.

32. Clarify and Express Past Feelings (32)

A. The client was encouraged to honestly and openly share regarding his/her past rejection experiences, harsh criticism, abandonment, or trauma.
B. As the client expressed and clarified his/her feelings associated with past rejection experiences, harsh criticism, abandonment, or trauma, he/she was given strong reinforcement.
C. As the client has progressed in treatment, verbally expressing and clarifying feelings from the past have become easier.
D. The client continued to struggle with openly and honestly sharing his/her feelings associated with past rejection experiences, harsh criticism, abandonment, or trauma, and was urged to do so as he/she feels safer.

33. Assign Books on Shame (33)

A. The client was assigned to read excerpts from books related to shame.
B. The client was assigned to read *Healing the Shame That Binds You* (Bradshaw) and *Facing Shame* (Fossum and Mason).
C. The client has followed through with learning about shame through books (e.g., *Healing the Shame That Binds You* [Bradshaw], *Facing Shame* [Fossum and Mason]), and the key concepts were processed.
D. The client has not followed through on reading books related to shame (e.g., *Healing the Shame That Binds You* [Bradshaw], *Facing Shame* [Fossum and Mason]), and was redirected to do so.

34. Challenge Specific Anxieties (34)

A. The client was asked to produce evidence of his/her anxiety, and to identify any logical basis for him/her to worry to such an extensive degree.
B. Challenging the client's irrational basis for the anxiety has caused him/her to reexamine the anxiety problem.
C. The client has begun to challenge himself/herself and to label his/her fears as unfounded; these challenges were processed.
D. The client has begun to replace anxiety-producing thoughts with more reasonable thoughts; this progress was celebrated.

35. Develop Positive Self-Descriptive Statements (35)

A. The client was asked to make a list of 10 positive self-descriptive statements about himself/herself.

B. The client has followed through on making a list of positive self-descriptive statements, and these were reviewed.
C. It was reflected to the client that he/she has developed a pattern of describing himself/herself more positively and has been feeling an increased level of self-esteem.
D. The client has not followed through on developing a list of positive self-descriptive statements, and was encouraged to do so.

36. Use Step Three (36)

A. The client was taught a 12-step program's third step, focusing on how to turn problems, worries, and anxieties over to a higher power.
B. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
C. The client has begun turning problems, worries, and anxieties over to a higher power, and is trusting that the higher power is going to help him/her resolve the situation; this progress was reinforced.
D. The client rejected the idea of turning his/her problems, worries, and anxieties over to a higher power, and does not feel that this concept will be helpful in resolving anxiety; he/she was urged to remain open to these concepts.

37. Develop Alternative Actions (37)

A. The client was assisted in developing a list of situations in which he/she feels anxious and craves substances.
B. The client was assisted in developing an alternative constructive plan of action for when he/she feels anxious and craves substances (e.g., relaxation exercises, physical exercise, call a sponsor, go to a meeting, call the counselor, talk to someone).
C. The client was reinforced as he/she has implemented positive coping strategies to deal with situations that trigger anxiety and craving substance use.
D. The client has resisted identifying anxiety-producing situations and times when he/she craves substances, and is noted to be vulnerable to relapse because of this resistance.

38. Plan Pleasurable Leisure Activities (38)

A. The client was assisted in listing enjoyable leisure activities that he/she can engage in to reduce stress and increase enjoyment in life.
B. A contract was developed with the client to engage in one or two pleasurable leisure activities per week.
C. The client reported engaging in one or two pleasurable leisure activities per week and was given positive feedback for this.
D. The client acknowledged that he/she has not engaged in pleasurable leisure activities, and he/she was redirected to do so.

39. Assign Step Four Exercise (39)

A. The client was taught about a 12-step program's Step Four, focusing on detailing the exact nature of his/her wrongs and forgiveness.
B. The client was directed to write an autobiography detailing the exact nature of his/her wrongs.

C. Active listening skills were provided as the client has completed his/her autobiography and has detailed the exact nature of his/her wrongs.
D. The client was taught about the concept of forgiveness in a 12-step program's fourth step.
E. The client endorsed the need to forgive himself/herself and others and has begun to process this; this insight was reinforced.
F. The client described struggles regarding how to forgive himself/herself and others; these barriers were processed.
G. The client has not completed his/her Step Four exercise, and he/she was redirected to do so.

40. Develop Recovery Group Involvement (40)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and confidence in self.
B. The client was referred to an appropriate recovery group.
C. The client described involvement in an active recovery group, and the benefits he/she has experienced were reviewed.
D. The client acknowledged that he/she has not followed through with involvement in a recovery group, and he/she was redirected to do so.

41. Direct Family Members to List Support for Recovery (41)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. A family session was held to facilitate communication of techniques that the family can use to assist in the client's recovery.
C. The client reported family members assisting significantly in encouragement and other techniques to help him/her recover from anxious behavior and addiction; he/she was urged to express his/her gratitude.
D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support the client's recovery.

42. Educate the Family about Anxiety Disorders (42)

A. A family session was held to educate the client's family and significant others regarding his/her anxiety disorder, treatment, and prognosis. Active listening was modeled.
B. Family members expressed their positive support of the client and a more accurate understanding of his/her anxiety and substance-abuse concerns.
C. Family members were neither understanding nor willing to provide support to the client, in spite of his/her diagnosis of an anxiety disorder; they were urged to reconsider this refusal.

43. Discuss with Family the Connection between Anxiety and Addiction (43)

A. A family session was held to educate the client's family and significant others regarding the connection between his/her anxiety disorder and addiction problems.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of his/her anxiety-disorder and substance-abuse problems; this progress was highlighted.

C. It was reflected to the family members that they were neither understanding nor willing to provide support to the patient, despite increasing understanding of the client's anxiety and addiction problems.

44. Re-administer Psychological Instruments (44)

A. The outcome of treatment was assessed via the re-administration of objective tests of anxiety.
B. The client produced treatment outcome test scores indicating improvement on anxiety traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on anxiety traits; these results were presented to the client.

45. Assess Satisfaction (45)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADOLESCENT

CLIENT PRESENTATION

1. Restlessness/Hyperactivity (1)*

A. The client displayed a constant pattern of restlessness and hyperactivity.
B. The client struggled to maintain his/her attention on the tasks at hand due to his/her restlessness/hyperactivity.
C. The client has had trouble channeling his/her high energy into constructive or sustained purposeful activities.
D. The client has displayed a decrease in his/her level of hyperactivity and restlessness.
E. The client has consistently focused his/her energy into constructive and purposeful activities.

2. Poor Focus (2)

A. The client displayed a short attention span and has difficulty staying focused for extended periods of time.
B. The client had trouble staying focused during today's session, often switching from one topic to another.
C. As treatment has progressed, the client has been able to remain focused and has been able to discuss pertinent topics long enough to learn important information.
D. The client's attention span has improved, and he/she reports increased productivity and better relationships.

3. Fidgeting (3)

A. The client reported that he/she cannot sit still for any length of time, but often feels restless and fidgety.
B. The client gave evidence of being restless and fidgety within the session, often moving about in his/her chair.
C. The client's ability to rest comfortably for longer periods of time has increased.

4. Leaves Seat (4)

A. The client reported that he/she often finds it difficult to remain seated.
B. The client displayed in the session a pattern of moving out of his/her seat when sitting was required.
C. The client impulsively reacted to negative feelings and thoughts about treatment issues by leaving the treatment session.
D. The client has displayed an increased pattern of being able to remain seated during treatment sessions.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Moves Excessively (5)

A. The client acknowledged that he/she often moves about excessively in situations in which it is inappropriate to do so.
B. The client displayed evidence of excessive movement within the session, often doing so in a rather distracting manner.
C. The client's ability to remain focused and persist in the proper setting has increased.

6. Distractibility (6)

A. The client reported that he/she is often unable to exclude extraneous stimulation, and that his/her attention is drawn away from the task at hand.
B. Within today's session, the client gave evidence of distractibility and of experiencing difficulty in excluding extraneous stimulation.
C. The client's distractibility is diminishing, and his/her ability to exclude extraneous stimulation is increasing.

7. Blurts Answers (7)

A. The client displayed a pattern of impulsively blurting out answers even before questions have been completed.
B. During the session, the client often impulsively blurted out answers.
C. The client has been able to delay his/her impulses and wait for an appropriate time to respond.

8. Difficulty Waiting (8)

A. The client described a history of difficulty waiting for others and of impatience when waiting for his/her turn.
B. The client's impulsivity was evident as he/she displayed difficulty waiting in line or waiting to take his/her turn.
C. The client verbally recognized a need to be more patient and to decrease impulsivity.
D. The client has displayed a pattern of patient behavior, waiting for his/her turn in an appropriate manner.

9. Intrusion/Excessive Talk (9)

A. The client acknowledged that he/she often inappropriately intrudes or talks excessively.
B. The client identified the need to make an effort to control socially inappropriate intrusion or excessive talking.
C. The client has demonstrated less impulsive behavior, talking in a more socially appropriate manner.

10. Impulsivity (10)

A. The client reported a history of acting quickly without adequately thinking of consequences, and acknowledged that this has led to negative consequences in his/her life.
B. The client related incidents of making impulsive decisions that have resulted in harmful consequences for himself/herself and others.
C. The client reported greater control over his/her impulses, and is making more reasoned decisions.

11. Increased Vulnerability to Addiction Behaviors (11)

A. The client reported a history of increased vulnerability to addiction behaviors due to ADHD traits.
B. The client's ADHD traits were observed to create an increased vulnerability to addiction behaviors.
C. As the client's ADHD traits have been appropriately treated, his/her vulnerability to addiction behaviors has decreased.

INTERVENTIONS IMPLEMENTED

1. Coordinate Psychological Testing (1)*

A. The client was administered psychological testing in order to establish or rule out the presence of attention-deficit/hyperactivity disorder (ADHD) problems.
B. The Connors ADHD Rating Scale (CARS) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory-3 (SASSI-3) was administered to the client.
D. Psychological testing has established the presence of an ADHD problem.
E. The psychological testing failed to confirm the presence of ADHD.

2. Provide Psychological Testing for Emotional or Learning Factors (2)

A. The client received a psychological evaluation to help determine whether emotional factors are contributing to his/her impulsive or maladaptive behaviors.
B. The client received a psychological evaluation to rule out the presence of a possible learning disability that may be contributing to his/her problems with distractibility and impulsivity.
C. The client was uncooperative during the psychological testing and did not appear to put forth good effort.
D. The client was cooperative during the evaluation and appeared motivated to do his/her best.

3. Process Psychological Testing Results (3)

A. The psychological evaluation results were processed with the client to assist him/her in understanding his/her condition and to answer any questions that he/she might have.
B. The client's family was provided with feedback on the evaluation results to assist the family members in understanding the client's condition and to answer any questions that the family members might have.
C. The client/family members understood the explanation of the psychological testing and have accepted the presence of an ADHD problem.
D. The client has denied the presence of ADHD and refused to accept the confirming results of the psychological testing.

4. Monitor and Rate ADHD Symptoms (4)

A. The client was taught techniques to monitor his/her ADHD symptoms.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client was asked to rate the severity of his/her ADHD symptoms on a daily basis, on a scale from 1 to 100.
C. The client was assisted in rating his/her ADHD symptoms.
D. The client has not monitored his/her ADHD symptoms, and was redirected to do so.

5. Explore ADHD Impact (5)

A. The client was assisted in identifying the specific ADHD behaviors that have caused him/her the most difficulty.
B. Active listening was provided as the client listed a variety of effects of ADHD (e.g., distractibility, lack of concentration, impulsivity, restlessness, disorganization) as the most difficult behaviors for him/her to tolerate.
C. Active listening was provided as the client identified a variety of ways in which ADHD behaviors have had a direct impact on his/her daily living.
D. The client was resistive to becoming specific about identifying ADHD behaviors that caused him/her the most difficulties, and was urged to be more open.

6. Accept Powerlessness and Unmanageability over ADHD Symptoms (6)

A. The client was taught about the use of a 12-step recovery program's Step One exercise to acknowledge unmanageability of ADHD symptoms and addiction.
B. The client was noted to accept the concept of being powerless and unable to manage ADHD symptoms and addiction problems.
C. It was noted that the client has had increased serenity after accepting his/her powerlessness and inability to manage ADHD symptoms and addiction.
D. The client rejected the concept of powerlessness and unmanageability over his/her ADHD and addiction symptoms, and was urged to monitor this dynamic.

7. Teach about the Relationship between ADHD and Addiction (7)

A. The client was taught, through the use of a biopsychosocial approach, about the relationship between ADHD symptoms and his/her addictive behavior.
B. The client was assisted in acknowledging several instances in which ADHD symptoms have prompted his/her addictive behavior.
C. As ADHD symptoms have decreased, the client has identified a corresponding decrease in his/her addictive behavior; this progress was highlighted.

8. Develop an ADHD and Addiction Recovery Program (8)

A. The client was assisted in developing a program of recovery that includes the elements necessary to bring ADHD and addictive behavior under control.
B. The client was reinforced as he/she identified specific portions of his/her ADHD/addiction recovery program, including the use of medication, behavior modification, environmental controls, aftercare meetings, and further therapy.
C. It was noted that the client has begun to use his/her recovery program.
D. The client has not used his/her specific recovery program, and he/she was redirected to pursue these elements.

9. Teach about a Higher Power (9)

A. The client was presented with information about how faith in a higher power can aid in recovery from ADHD traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the concept of a higher power.
D. The client rejected the idea of a higher power, and was urged to remain open to this concept.

10. Refer to a Specialist to Remediate Learning Disabilities (10)

A. The client was referred to an education specialist to design remedial procedures for learning disabilities present in addition to ADHD.
B. The client reported meeting with the educational specialist, who has been able to design remedial procedures for learning disabilities.
C. The client described benefit from the remedial procedures used to counter the effects of learning disabilities.
D. The client has not yet met with an education specialist to design remedial procedures for learning disabilities, and he/she was redirected to do so.

11. Refer for Psychotropic Medication (11)

A. A referral to a physician was made for the purpose of evaluating the client for a prescription of psychotropic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. Psychotropic medications have been prescribed for the client.
D. The client has been monitored for side effects of the medication.
E. The client has refused a prescription of psychotropic medication provided by the physician.

12. Monitor Medication Compliance and Effectiveness (12)

A. The client reported that the medication has helped to improve his/her attention, concentration, and impulse control without any side effects, and the benefits of this were reviewed.
B. The client reported little to no improvement while taking the medication and was redirected to his/her physician.
C. The client has not complied with taking his/her medication on a regular basis and was redirected to do so.
D. The client and parents were encouraged to report the side effects of the medication to the prescribing physician or psychiatrist.

13. Educate Family about ADHD (13)

A. The client's parents and siblings were educated about the symptoms of ADHD.
B. The therapy session helped the client's parents and siblings gain a greater understanding and appreciation of the symptoms of ADHD.
C. The family members were given the opportunity to express their thoughts and feelings about having a child or sibling with ADHD.

14. Assign Parents to Read ADHD Information (14)

A. The parents were assigned to read information to increase their knowledge about symptoms of ADHD.
B. The client's parents were directed to read *Taking Charge of ADHD* (Barkley).
C. The parents were directed to read *ADHD and Teens* (Alexander-Roberts).
D. The client's parents were directed to read *Teenagers with ADD* (Zeigler-Dendy).
E. The parents have read the information about ADHD, and key points were processed.
F. The client's parents have not read the information about ADHD and were redirected to do so.

15. Assign Reading on ADHD (15)

A. The client was instructed to read information about ADHD and adolescence.
B. The client was instructed to read *ADHD—A Teenager's Guide* (Crist) to increase his/her knowledge and understanding of ADHD.
C. The client was instructed to read *Adolescence and ADD* (Quinn) to increase his/her knowledge about ADHD and ways to manage symptoms.
D. The client identified several helpful strategies that he/she learned from readings assigned from *ADHD—A Teenager's Guide* to help improve attention span, academic performance, social skills, and impulse control.
E. The client has not read the helpful information on ADHD and teenagers, and he/she was redirected to do so.

16. Implement Organizational System (16)

A. The parents were assisted in developing an organizational system to increase the client's on-task behavior and completion of school assignments, chores, or work responsibilities.
B. The parents were encouraged to communicate regularly with the teachers through the use of notebooks or planning agendas to help the client complete his/her school or homework on a regular, consistent basis.
C. The client and parents were encouraged to use a calendar or chart to help remind the client of when he/she was expected to complete chores or household responsibilities.
D. The client and parents were instructed to ask the teacher for a course syllabus and use a calendar to help plan large or long-term projects by breaking them into smaller steps.
E. The client and parents were encouraged to purchase a binder notebook to help the client keep track of his/her school or homework assignments.
F. The client and his/her parents have not implemented an organizational system to increase the client's on-task behavior, and they were redirected to do so.

17. Develop Routine Schedule (17)

A. The client and parents were assisted in developing a routine schedule to increase the completion of school/homework assignments.
B. The client and parents were assisted in developing a list of chores for the client and identified times and dates when the chores are expected to be completed.
C. A reward system was designed to reinforce the completion of school, household, or work-related responsibilities.

D. The client, parents, and therapist signed a contingency contract specifying the consequences for the client's success or failure in completing school assignments or household responsibilities.
E. The client and parents have not developed a routine schedule to increase the completion of school/homework assignments and were redirected to do so.

18. Increase Communication between Home and School (18)

A. The parents and teachers were encouraged to maintain regular communication with each other via phone calls or written notes regarding the client's academic, behavioral, emotional, and social progress.
B. Consultation was held with the teachers about sending home daily or weekly progress notes informing the parents of the client's academic, behavioral, and social progress.
C. The client was informed of his/her responsibility to bring home daily or weekly progress notes to allow regular communication between parents and teachers.
D. The parents identified the consequences for the client of failure to bring home the daily or weekly progress notes from school and were provided with support.
E. The parents and teachers have not maintained regular contact and communication regarding the client's progress and were redirected to establish this communication.

19. Teach Effective Study Skills (19)

A. The client was assisted in identifying a list of good locations for studying.
B. The client was instructed to remove noise sources and clear away as many distractions as possible when studying.
C. The client was instructed to outline or underline important details when studying or reviewing for tests.
D. The client was encouraged to use a tape recorder to help him/her study for tests and review important facts.
E. The client was instructed to take breaks from studying when he/she becomes distracted and starts to have trouble staying focused.

20. Read about Study Skills (20)

A. The client was directed to read information about study skills to improve his/her organizational and study skills.
B. The client was instructed to read *13 Steps to Better Grades* (Silverman) to improve his/her organizational and study skills.
C. After reading *13 Steps to Better Grades*, the client was able to identify several positive study skills that will help him/her remain organized in the classroom; these were reviewed and summarized.
D. The client has not read the information about study skills and was redirected to do so.

21. Consult with Teachers (21)

A. Consultation was held with the client's teachers to implement strategies to improve school performance.
B. The client was assigned a seat near the teacher or in a low-distraction work area to help him/her remain on task.

C. The client, teacher, and therapist agreed to the use of a prearranged signal to redirect the client to task when his/her attention begins to wander.
D. The client's schedule was modified to allow for breaks between tasks or difficult assignments to help maintain attention and concentration.
E. The teachers were encouraged to obtain and provide frequent feedback to help maintain the client's attention, interest, and motivation.
F. The client was directed to arrange for a listening buddy.

22. Use the "Getting It Done" Program (22)

A. The parents and teachers were encouraged to utilize a school contract and reward system to reinforce completion of the client's assignments.
B. The parents and teachers were given the "Getting It Done" program from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis) to help the client complete his/her school and homework assignments regularly.
C. The parents and teachers were encouraged to utilize the school contract and reward system outlined in the "Getting It Done" program to reinforce the regular completion of school assignments.
D. The parents and teachers have used the school contract and reward system to reinforce the client's regular completion of school assignments, and the benefits of this program were reviewed.
E. The parents and teachers have not used the school contract and reward system to reinforce the client's regular completion of school assignments and were redirected to do so.

23. Teach Test-Taking Strategies (23)

A. The client and therapist reviewed a list of effective test-taking strategies to improve his/her academic performance.
B. The client was encouraged to review classroom material regularly and study for tests over an extended period of time.
C. The client was instructed to read the directions twice before responding to the questions on a test.
D. The client was taught to recheck his/her work to correct any careless mistakes or to improve an answer.

24. Teach Self-Control Strategies (24)

A. The client was taught meditational and self-control strategies (e.g., relaxation techniques, "stop, think, listen, and act") to help delay the need for immediate gratification and inhibit impulses.
B. The client was encouraged to utilize active-listening skills to delay the impulse to act out or react without considering the consequences of his/her actions.
C. The client was asked to identify the benefits of delaying his/her need for immediate gratification in favor of longer-term gains.
D. The client was assisted in developing an action plan to achieve longer-term goals.

25. Focus on Delay of Gratification (25)

A. The therapy session focused on helping the parents increase the structure in the home to help the client delay his/her needs for immediate gratification in order to achieve longer-term goals.
B. The parents were supported as they established the rule that the client is not permitted to engage in social, recreational, or leisure activities until completing his/her chores or homework.
C. The parents were supported as they identified consequences for the client's failure to complete responsibilities; client verbalized recognition of these consequences.
D. The client and parents were encouraged as they designed a schedule of dates and times when the client is expected to complete chores and homework.

26. Use Parent Management Training (26)

A. Parent Management Training was used, as developed in *Living with Children* (Patterson).
B. The parents were taught how parent-child behavioral interactions can encourage or discourage positive or negative behavior.
C. The parents were taught how changing key elements of parent-child interactions can promote positive change.
D. The parents were provided with specific examples of how prompting and reinforcing positive behaviors can promote positive change.
E. The parents were directed to review information from *Parenting the Strong-willed Child* (Forehand and Long) and *Living with Children* (Patterson).
F. The parents were provided with positive feedback for the use of Parent Management Training approaches.
G. The parents have not used the Parent Management Training approach and were redirected to do so.

27. Teach Parents to Define Aspects of Situation (27)

A. The parents were taught how to specifically define and identify their child's problem behaviors.
B. The parents were taught how to identify their reactions to their child's behavior, and whether the reaction encourages or discourages the behavior.
C. The parents were taught to generate alternatives to their child's problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify their child's problem behaviors and their own reactions, responses, and alternatives.

28. Teach Consistent Parenting (28)

A. The parents were taught how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate rules for their child's acceptable and unacceptable behavior.
C. The parents were taught about prompting positive behavior and using positive reinforcement.

D. The parents were taught about clear, direct instruction as well as time out and other loss-of-privilege techniques for reducing their child's problem behaviors.
E. The parents were taught about negotiation and renegotiation with adolescents.
F. The parents were provided with positive feedback, as they have been able to develop consistent parenting practices.
G. The parents have not developed consistent parenting practices, and they were redirected to do so.

29. Assign Home Exercises to Implement Parenting Techniques (29)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The parents were assigned "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

30. Assign Parent Training Manuals (30)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *Parenting through Change* (Forgatch).
C. The parents were directed to watch videotapes/DVDs demonstrating the techniques used in parent training sessions.
D. The parents' study of pertinent parent training media was reviewed and processed.
E. The parents have not reviewed the assigned parent training media and were redirected to do so.

31. Build Communication Skills (31)

A. Instruction, modeling, and role-playing techniques were used to help build the client's general social and communication skills.
B. The client was assisted in practicing general social and communication skills.
C. The client was reinforced for his/her increase in social and communication skills.
D. The client was redirected in areas in which he/she continues to struggle with communication and social skills.

32. Use Social Skills Exercises (32)

A. The parents were assisted in designing exercises that facilitate the client's use of social skills in various everyday situations.
B. The client use of social skills in various everyday situations was reviewed and processed.
C. The client was provided with positive feedback for his/her helpful use of social skills in everyday situations.
D. The client has not used social skills in everyday situations and was provided with redirection in this area.

33. Assign Books/Manuals on Building Social Skills (33)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right (*Alberti and Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client was assigned the "Social Skills Exercise" in the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
E. Key points from the client's reading material were reviewed and processed.
F. The client has not read the assigned information on social and communication skills, and he/she was redirected to do so.

34. Teach Problem-Solving Skills (34)

A. The client was taught effective problem-solving skills (i.e., identify the problem, brainstorm alternate solutions, select an option, implement a course of action, and evaluate) in the therapy session.
B. The client was encouraged to use effective problem-solving strategies to solve or overcome a problem or stressor that he/she is currently facing.
C. The client was given a directive to use problem-solving strategies at home or school on at least three occasions before the next therapy session.

35. Assign "Stop, Think, and Act" Technique (35)

A. The client and parents were given the "Stop, Think, and Act" assignment from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis) to increase the client's ability to delay impulses and solve problems more effectively.
B. The client reported that he/she was able to successfully resolve a problem by following the problem-solving steps outlined in the "Stop, Think, and Act" assignment; feedback about the helpful techniques was provided.

36. Relate Learning Problems, Negative Emotions, Addictive Behavior (36)

A. The client was presented with the concept that his/her negative experiences regarding learning have caused negative emotions, which have in turn led to addictive behaviors.
B. The client accepted the concept presented, that he/she has experienced strong negative emotions related to learning problems, which have led to addiction problems.
C. The client rejected the concept that negative learning experiences have led to strong negative emotions and addiction problems; he/she was urged to be aware of this dynamic.

37. Use Alternative Behaviors for Negative Emotions (37)

A. The client was presented with a variety of constructive coping behaviors that can be used to cope with negative emotions (e.g., focus cognitively, breathe deeply, make lists, reduce distractions, shorten learning sessions, repeat instructions verbally).
B. Alternative coping behaviors were role-played and modeled with the client as alternatives for dealing with negative emotions.
C. The client was reinforced as he/she displayed an understanding of a variety of alternative coping behaviors to cope with negative emotions.

D. The client identified that he/she has regularly used alternative coping behaviors to deal with negative emotions and has thereby decreased addiction behavior; this progress was highlighted.
E. The client has not used alternative coping behaviors for negative emotions and has continued to use addictive behaviors; he/she was redirected to the alternative coping behaviors.

38. Teach Relaxation Techniques (38)

A. The client was taught various relaxation techniques, including progressive relaxation, guided imagery, and/or biofeedback, to be used to help him/her reduce tension.
B. The client was assigned to relax twice a day for 10 to 20 minutes, using his/her newly learned relaxation techniques.
C. The client has implemented relaxation procedures to reduce tension and physical restlessness, and has reported that this technique is beneficial; his/her progress was reinforced.
D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension, and he/she was encouraged to do so.

39. Relax When Frustrated by Learning Problems (39)

A. The client was encouraged to implement relaxation skills as a coping and focusing mechanism when feeling tense and frustrated by a learning situation.
B. The client reported regular use of relaxation skills as a coping and focusing mechanism; his/her experience was processed.
C. The client was assisted in identifying benefits from the use of relaxation skills when frustrated by learning situations.
D. The client acknowledged that he/she has not used relaxation skills when frustrated by learning situations, and he/she was redirected to do so.

40. Review and Reinforce Relaxation Techniques (40)

A. The client's use of relaxation techniques was reviewed.
B. The client identified a variety of instances in which he/she has used relaxation techniques; the benefits of this progress were emphasized.
C. The client was reinforced for success when using relaxation techniques.
D. The client has not used relaxation techniques on a regular basis, and he/she was redirected to do so.

41. Develop Physical Fitness Program (41)

A. After the client obtained approval from his/her personal physician, he/she was assisted in developing an exercise program.
B. The client has followed through on the exercise program and has gradually increased his/her exercise level by 10 percent each week; he/she was reinforced.
C. The client reported that he/she is now exercising at a training heart rate for at least 20 minutes, at least three times per week; the benefits of this activity were catalogued.
D. The client has not followed through on establishing a daily exercise routine, and he/she was encouraged to do so.

42. Develop an Aftercare Program (42)

A. The client was assisted in developing an aftercare plan that will support recovery from ADHD and addictive behavior problems, including regular attendance at 12-step meetings, getting a sponsor, and continuing necessary therapy.
B. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, sponsors) as well as specific techniques to assist with ADHD concerns; he/she was encouraged to use these skills.
C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare program.
D. The client has not followed through on an aftercare plan, and he/she was redirected to do so.

43. Re-administer Psychological Instruments (43)

A. The outcome of treatment was assessed via the re-administration of objective tests of ADHD.
B. The client produced treatment outcome test scores indicating improvement on ADHD traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on ADHD traits; these results were presented to the client.

44. Assess Satisfaction (44)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)—ADULT

CLIENT PRESENTATION

1. Restlessness/Hyperactivity (1)*

A. The client displayed a constant pattern of restlessness and hyperactivity.
B. The client struggled to maintain his/her attention on the tasks at hand due to his/her restlessness/hyperactivity.
C. The client has had trouble channeling his/her high energy into constructive or sustained purposeful activities.
D. The client has displayed a decrease in his/her level of hyperactivity and restlessness.
E. The client has consistently focused his/her energy into constructive and purposeful activities.

2. Poor Task Completion (2)

A. The client fails to complete tasks.
B. The client completes tasks, but takes a much longer than necessary amount of time to complete the task.
C. The client's inattentiveness leads to many off-task behaviors.
D. As treatment has progressed, the client has gained enough focus to complete tasks on a timely basis.

3. Poor Time Management Skills (3)

A. The client displays poor time management skills.
B. The client often fails to complete projects on time.
C. The client's high level of distraction and impulsivity leads to a great deal of wasted time.
D. The client's focus has improved, and his/her ability to manage his/her time appropriately has improved.

4. Overwhelmed by Detailed Situations (4)

A. The client has significant difficulty in tasks that require attention to many details.
B. The client finds it difficult to manage more than two or three competing concerns as the same time.
C. The client becomes easily frustrated when expected to pay attention to significant details.
D. As the client's focus has improved, he/she has been more capable of managing tasks and the details therein.

5. Poor Planning/Organizational Skills (5)

A. The client often fails to plan ahead.
B. The client has difficulty organizing multiple tasks.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client displays poor implementation of the planning and organizational skills that he/she has attempted to use.
D. The client's planning and organizational skills have improved.

6. Loses Items (6)

A. The client often complains about losing items.
B. The client often blames others for his/her lost or misplaced items.
C. The client is often forgetful about his/her possessions.

7. Intrusion/Excessive Talk (7)

A. The client acknowledged that he/she often inappropriately intrudes or talks excessively.
B. The client identified the need to make an effort to control socially inappropriate intrusion or excessive talking.
C. The client has demonstrated less impulsive behavior, talking in a more socially appropriate manner.

8. Impulsivity (8)

A. The client reported a history of acting quickly without adequately thinking of consequences, and acknowledged that this has led to negative consequences in his/her life.
B. The client related incidents of making impulsive decisions that have resulted in harmful consequences for himself/herself and others.
C. The client reported greater control over his/her impulses, and is making more reasoned decisions.

9. Increased Vulnerability to Addiction Behaviors (9)

A. The client reported a history of increased vulnerability to addiction behaviors due to ADHD traits.
B. The client's ADHD traits were observed to create an increased vulnerability to addiction behaviors.
C. As the client's ADHD traits have been appropriately treated, his/her vulnerability to addiction behaviors has decreased.

INTERVENTIONS IMPLEMENTED

1. Coordinate Psychological Testing (1)*

A. The client was administered psychological testing in order to establish or rule out the presence of attention-deficit/hyperactivity disorder (ADHD) problems.
B. The Connors Adult ADHD Rating Scale (CAARS) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory-3 (SASSI-3) was administered to the client.
D. Psychological testing has established the presence of an ADHD problem.
E. The psychological testing failed to confirm the presence of ADHD.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

2. Provide Psychological Testing for Emotional or Learning Factors (2)

A. The client received a psychological evaluation to help determine whether emotional factors are contributing to his/her impulsive or maladaptive behaviors.
B. The client received a psychological evaluation to rule out the presence of a possible learning disability that may be contributing to his/her problems with distractibility and impulsivity.
C. The client was uncooperative during the psychological testing and did not appear to put forth good effort.
D. The client was cooperative during the evaluation and appeared motivated to do his/her best.

3. Process Psychological Testing Results (3)

A. The psychological evaluation results were processed with the client to assist him/her in understanding his/her condition and to answer any questions that he/she might have.
B. The client's family was provided with feedback on the evaluation results to assist the family members in understanding the client's condition and to answer any questions that the family members might have.
C. The client/family members understood the explanation of the psychological testing and have accepted the presence of an ADHD problem.
D. The client has denied the presence of ADHD and refused to accept the confirming results of the psychological testing.

4. Explore ADHD Impact (4)

A. The client was assisted in identifying the specific ADHD behaviors that have caused him/her the most difficulty.
B. Active listening was provided as the client listed a variety of effects of ADHD (e.g., distractibility, lack of concentration, impulsivity, restlessness, disorganization) as the most difficult behaviors for him/her to tolerate.
C. Active listening was provided as the client identified a variety of ways in which ADHD behaviors have had a direct impact on his/her daily living.
D. The client was resistive to becoming specific about identifying ADHD behaviors that caused him/her the most difficulties, and was urged to be more open.

5. Monitor and Rate ADHD Symptoms (5)

A. The client was taught techniques to monitor his/her ADHD symptoms.
B. The client was asked to rate the severity of his/her ADHD symptoms on a daily basis, on a scale from 1 to 100.
C. The client was assisted in rating his/her ADHD symptoms.
D. The client has not monitored his/her ADHD symptoms, and was redirected to do so.

6. Accept Powerlessness and Unmanageability over ADHD Symptoms (6)

A. The client was taught about the use of a 12-step recovery program's Step One exercise to acknowledge unmanageability of ADHD symptoms and addiction.
B. The client was noted to accept the concept of being powerless and unable to manage ADHD symptoms and addiction problems.
C. It was noted that the client has had increased serenity after accepting his/her powerlessness and inability to manage ADHD symptoms and addiction.

D. The client rejected the concept of powerlessness and unmanageability over his/her ADHD and addiction symptoms, and was urged to monitor this dynamic.

7. Teach about the Relationship between ADHD and Addiction (7)

A. The client was taught, through the use of a biopsychosocial approach, about the relationship between ADHD symptoms and his/her addictive behavior.
B. The client was assisted in acknowledging several instances in which ADHD symptoms have prompted his/her addictive behavior.
C. As ADHD symptoms have decreased, the client has identified a corresponding decrease in his/her addictive behavior; this progress was highlighted.

8. Develop an ADHD and Addiction Recovery Program (8)

A. The client was assisted in developing a program of recovery that includes the elements necessary to bring ADHD and addictive behavior under control.
B. The client was reinforced as he/she identified specific portions of his/her ADHD/addiction recovery program, including the use of medication, behavior modification, environmental controls, aftercare meetings, and further therapy.
C. It was noted that the client has begun to use his/her recovery program.
D. The client has not used his/her specific recovery program, and he/she was redirected to pursue these elements.

9. Teach about a Higher Power (9)

A. The client was presented with information about how faith in a higher power can aid in recovery from ADHD traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the concept of a higher power.
D. The client rejected the idea of a higher power, and was urged to remain open to this concept.

10. Refer to a Specialist to Remediate Learning Disabilities (10)

A. The client was referred to an education specialist to design remedial procedures for learning disabilities present in addition to ADHD.
B. The client reported meeting with the educational specialist, who has been able to design remedial procedures for learning disabilities.
C. The client described benefit from the remedial procedures used to counter the effects of learning disabilities.
D. The client has not yet met with an education specialist and was redirected to do so.

11. Refer for Psychotropic Medication (11)

A. A referral to a physician was made for the purpose of evaluating the client for a prescription of psychotropic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. Psychotropic medications have been prescribed for the client.
D. The client has been monitored for side effects of the medication.

E. The client has refused a prescription of psychotropic medication provided by the physician.

12. Monitor Medication Compliance and Effectiveness (12)

A. The client reported that the medication has helped to improve his/her attention, concentration, and impulse control without any side effects, and the benefits of this were reviewed.
B. The client reported little to no improvement while taking the medication and was redirected to his/her physician.
C. The client has not complied with taking his/her medication on a regular basis and was redirected to do so.
D. The client was encouraged to report the side effects of the medication to the prescribing physician or psychiatrist.

13. Educate Family about ADHD (13)

A. The client's family members were educated about the symptoms of ADHD.
B. The client's family was assigned "Symptoms and Fixes for ADD" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The therapy session helped the client's family members gain a greater understanding and appreciation of the symptoms of ADHD.
D. The family members were given the opportunity to express their thoughts and feelings about having a child or sibling with ADHD.
E. Family members have not reviewed information about how to cope with the client's ADHD symptoms and were redirected to this information.

14. Develop Rationale for Treatment (14)

A. A discussion was held with the client in regard to the rationale for treatment.
B. Treatment targets were identified, including organizational and planning skills, management of distractibility, cognitive restructuring, and overcoming procrastination.
C. Concepts for the rationale for treatment were reviewed in accordance with the information provided in *Mastery of Your Adult ADHD—Therapist Manual* (Safren et al.).

15. Assign Reading on ADHD (15)

A. The client was instructed to read information about ADHD and adolescence.
B. The client was instructed to read *Mastery of Your Adult ADHD—Client Workbook* (Safren et al.) to increase his/her knowledge and understanding of ADHD.
C. The client identified several helpful strategies that he/she learned from readings assigned to help improve attention span, academic performance, social skills, and impulse control.
D. The client has not read the helpful information on ADHD and teenagers, and he/she was redirected to do so.

16. Teach about the Use of a Reminder Calendar (16)

A. The client was taught about the use of making lists and of using a calendar to remind him/her about appointments and daily obligations.
B. The client has implemented structured reminders and organizers, and these have been noted to be helpful in reducing forgetfulness and helping him/her to complete necessary tasks.

C. The client has failed to use the structured reminders and continues to forget about daily obligations; he/she was redirected to use these organizers.

17. Develop Organizational Skills (17)

A. The client was assisted in developing a procedure for classifying and managing mail and other papers.
B. The client was assisted in developing a procedure for remembering scheduled appointments.
C. The client was reinforced for his/her use of organization and classification systems.
D. The client was redirected when he/she did not use helpful classification and organizational skills.

18. Teach Problem-Solving Skills (18)

A. The client was taught problem-solving skills as an approach to planning.
B. The client was taught to break each of his/her plans down into manageable, time-limited steps in order to reduce the influence of distractibility.
C. The client was assigned "Getting Organized" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was reinforced for his/her regular use of problem-solving skills.
E. The client has not regularly used problem-solving skills, and was redirected to do so.

19. Practice Problem-Solving (19)

A. The client was assigned homework to apply problem-solving skills to an everyday problem.
B. The client's use of problem-solving skills in his/her everyday problems was reviewed.
C. The client was provided with positive feedback about the ways in which he/she has appropriately used problem-solving skills.
D. The client was provided with corrective feedback toward improving his/her use of problem-solving skills.

20. Identified Typical Attention Span (20)

A. The client was asked to do various tasks to the point that he/she indicates distraction.
B. The client attempted various tasks, continuing until distraction was indicated; this was used as an approximate measure of the client's typical attention span.

21. Break Tasks into Smaller Units (21)

A. The client was taught to break down his/her tasks into meaningful units based on his/her demonstrated attention span.
B. The client was assisted in breaking down his/her tasks into meaningful units.

22. Teach Use of Cues (22)

A. The client was taught to use timers or other cues to remind him/her to stop task units.
B. The client was taught about reducing off-task time or distractions by limiting the length of time expected to focus on one area.
C. The client was reinforced for his/her use of timers and cues.
D. The client does not regularly use timers and cues and was redirected to do so.

23. Change Maladaptive Self-Talk (23)

A. Cognitive therapy techniques were used to help the client identify and change maladaptive self-talk.
B. The client was assisted in challenging the biases that lead to maladaptive self-talk and to generate alternative thoughts.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was reinforced for his/her regular use of healthier self-talk.
E. The client has not regularly used healthy self-talk, and was redirected to do so.

24. Practice Cognitive Restructuring Skills (24)

A. The client was assigned homework to implement cognitive restructuring skills in relevant tasks.
B. The clients restructuring skills were reviewed.
C. The client was provided with corrective feedback for his/her struggles in implementing cognitive restructuring skills.
D. The client was reinforced for his/her regular use of cognitive restructuring skills.

25. End Procrastination (25)

A. The client was assisted in identifying the pros and cons of procrastination.
B. The client was challenged to change his/her pattern of procrastination.

26. Develop Specific Plans for Overcoming Procrastination (26)

A. The client was asked to apply problem-solving skills to planning as a first step in overcoming procrastination.
B. The client was assisted in breaking down each plan into manageable, time-limited steps to reduce the influence of distractibility.
C. The client was reinforced for his/her use of problem-solving skills as a way to overcome procrastination.
D. The client has not regularly used problem-solving skills to overcome procrastination and was provided with remedial feedback in this area.

27. Embrace Action over Procrastination (27)

A. The client was taught to apply cognitive restructuring skills to challenge thoughts encouraging the use of procrastination.
B. The client was taught to change his/her thoughts to embrace action.

28. Assign Practice of Ending Procrastination (28)

A. The client was assigned specific homework tasks to accomplish without procrastination.
B. The client was urged to use techniques learned in therapy to complete his/her homework without procrastination.
C. The client was provided with corrective feedback toward improving this skill and decreasing procrastination.

29. Teach Self-Control Strategies (29)

A. The client was taught meditational and self-control strategies (e.g., relaxation techniques, "stop, think, listen, and act") to help delay the need for immediate gratification and inhibit impulses.
B. The client was encouraged to utilize active-listening skills to delay the impulse to act out or react without considering the consequences of his/her actions.
C. The client was asked to identify the benefits of delaying his/her need for immediate gratification in favor of longer-term gains.
D. The client was assisted in developing an action plan to achieve longer-term goals.

30. Select Gradually More Challenging Situations to Manage ADHD (30)

A. The client was assigned specific tasks that became increasingly more challenging in order to apply his/her new strategies for managing ADHD
B. Initial situations were selected with the expectation that the client is highly likely to be successful in managing his/her ADHD.
C. The client was assigned "Problem-solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was reinforced for his/her use of gradually increasingly challenging strategies for managing ADHD.
E. The client has not focused on tasks to increase his/her use of ADHD strategies, and was redirected to do so.

31. Consolidate Use of ADHD Management Skills (31)

A. Imagery techniques were used to help the client consolidate his/her new ADHD management skills.
B. Behavioral rehearsal, modeling, and role playing techniques were used to help the client consolidate the use of his/her new ADHD management skills.
C. *In vivo* exposure/behavioral experiments were used to help the client consolidate the use of his/her new ADHD management skills.

32. Build Communication Skills (32)

A. Instruction, modeling, and role-playing techniques were used to help build the client's general social and communication skills.
B. The client was assisted in practicing general social and communication skills.
C. The client was reinforced for his/her increase in social and communication skills.
D. The client was redirected in areas in which he/she continues to struggle with communication and social skills.

33. Assign Books/Manuals on Building Social Skills (33)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. Key points from the client's reading material were reviewed and processed.

E. The client has not read the assigned information on social and communication skills, and he/she was redirected to do so.

34. Review Incidents of Intrusive Comments (34)

A. The client was assisted in reviewing social situations in which he/she was intrusive or talked excessively without thoughtfulness.
B. The client was redirected toward greater social success through modeling, role playing, and instruction.
C. The client was reinforced for his/her ability to change from intrusive thoughtless comments to better social functioning.

35. Teach Problem-Solving Techniques Requiring Thought before Action (35)

A. The client was taught about problem-solving techniques that require thought before taking action and how he/she can apply these to interpersonal conflict situations.
B. The client was assigned "Applying Problem-Solving to Interpersonal Conflicts" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was assigned "Negotiating Skills for Success" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was reinforced for his/her use of problem-solving skills.
E. The client has not used problem-solving skills and was redirected to do so.

36. Relate Learning Problems, Negative Emotions, Addictive Behavior (36)

A. The client was presented with the concept that his/her negative experiences regarding learning have caused negative emotions, which have in turn led to addictive behaviors.
B. The client accepted the concept presented, that he/she has experienced strong negative emotions related to learning problems, which have led to addiction problems.
C. The client rejected the concept that negative learning experiences have led to strong negative emotions and addiction problems; he/she was urged to be aware of this dynamic.

37. Use Alternative Behaviors for Negative Emotions (37)

A. The client was presented with a variety of constructive coping behaviors that can be used to cope with negative emotions (e.g., focus cognitively, breathe deeply, make lists, reduce distractions, shorten learning sessions, repeat instructions verbally).
B. Alternative coping behaviors were role-played and modeled with the client as alternatives for dealing with negative emotions.
C. The client was reinforced as he/she displayed an understanding of a variety of alternative coping behaviors to cope with negative emotions.
D. The client identified that he/she has regularly used alternative coping behaviors to deal with negative emotions and has thereby decreased addiction behavior; this progress was highlighted.
E. The client has not used alternative coping behaviors for negative emotions and has continued to use addictive behaviors; he/she was redirected to the alternative coping behaviors.

38. Develop Physical Fitness Program (38)

A. After the client obtained approval from his/her personal physician, he/she was assisted in developing an exercise program.

B. The client has followed through on the exercise program and has gradually increased his/her exercise level by 10 percent each week; he/she was reinforced.
C. The client reported that he/she is now exercising at a training heart rate for at least 20 minutes, at least three times per week; the benefits of this activity were catalogued.
D. The client has not followed through on establishing a daily exercise routine, and he/she was encouraged to do so.

39. Develop an Aftercare Program (39)

A. The client was assisted in developing an aftercare plan that will support recovery from ADHD and addictive behavior problems, including regular attendance at 12-step meetings, getting a sponsor, and continuing necessary therapy.
B. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, sponsors) as well as specific techniques to assist with ADHD concerns; he/she was encouraged to use these skills.
C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare program.
D. The client has not followed through on an aftercare plan, and he/she was redirected to do so.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of ADHD.
B. The client produced treatment outcome test scores indicating improvement on ADHD traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on ADHD traits; these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

ATTENTION-DEFICIT/INATTENTIVE DISORDER (ADD)

CLIENT PRESENTATION

1. Inability to Sustain Attention (1)*

A. The client reported an inability to sustain attention long enough to learn normally.
B. The client's lack of ability to maintain attention has resulted in his/her missing out on the comprehension of important details.
C. The client's ability to maintain attention seems to be increasing, as he/she reported increased ability to learn.

2. Inattention to Details (2)

A. The client reported a history of not giving sufficient attention to details, and a tendency to make careless mistakes.
B. The client's inattention to detail and careless mistakes are evident in areas of home and work, reducing his/her efficiency and effectiveness.
C. The client has made significant progress in increasing his/her ability to pay attention to details, and has decreased his/her careless mistakes.
D. The client has used a variety of techniques (e.g., lists, reminders) to increase his/her attention to detail and to reduce the number of careless mistakes.

3. Poor Attention at Home, School, or Play (3)

A. The client described situations in which he/she has struggled to maintain his/her attention at home or while working.
B. The client reported difficulty sustaining his/her attention in a learning setting.
C. The client reported difficulty maintaining his/her attention in recreational activity.
D. As the client has gained better ability to pay attention, his/her work, school, and recreational functioning has increased.

4. Increased Vulnerability to Addiction Behaviors (4)

A. The client reported a history of increased vulnerability to addiction behaviors due to ADD traits.
B. The client's ADD traits were observed to create an increased vulnerability to addiction behaviors.
C. As the client's ADD traits have been appropriately treated, his/her vulnerability to addiction behaviors has decreased.

5. Appears Not to Listen (5)

A. The client has often given others the impression at home, work, and school that he/she is not listening to what is being said.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client did not appear to be listening carefully to the topic being discussed in today's therapy session.
C. The client listened well during today's therapy session.
D. The client has recently demonstrated improved listening at home, work, and school.

6. Poor Follow Through on Instructions/Tasks (6)

A. The client and/or family members reported that the client does not consistently follow through on instructions.
B. The client's repeated failure to follow through on instructions has interfered with his/her ability to complete school/work assignments, chores, and job responsibilities in a timely manner.
C. The client has generally followed through on single or simple instructions, but has had trouble following through on multiple-step or complex instructions.
D. The client has begun to demonstrate improvement in his/her ability to follow through on instructions.
E. The client has recently followed through on instructions from others on a consistent basis.

7. Disorganization (7)

A. The client has a history of disorganization in many areas of his/her life.
B. The client's disorganization is evident in areas related to home and work, reducing his/her efficiency and effectiveness.
C. The client has made significant progress in increasing his/her organization and is using that organization to become more efficient.
D. The client uses lists, reminders, and other organizational tools to increase his/her organizational ability.

8. Avoids Tasks and Activities (8)

A. The client and/or family members have described a pattern of avoiding tasks and activities that require concentration.
B. The client reported negative experiences regarding tasks that require concentration, and acknowledged his/her tendency to avoid these types of activities.
C. As the client's ability to maintain his/her concentration has increased, he/she has attempted activities that require concentration.

9. Distractibility (9)

A. The client reported that he/she is often unable to exclude extraneous stimulation, and that his/her attention is drawn away from the task at hand.
B. In today's session the client gave evidence of distractibility and of difficulty in excluding extraneous stimulation.
C. The client's distractibility is diminishing and his/her ability to exclude extraneous stimulation is increasing.

10. Forgets Daily Obligations (10)

A. The client has consistently failed to complete his/her daily obligations.
B. The client has often begun to complete daily obligations, but becomes easily distracted and does not complete these tasks.

C. As the client's attention has improved, his/her pattern of completing daily obligations has also improved.

INTERVENTIONS IMPLEMENTED

1. Coordinate Psychological Testing (1)*

A. The client was administered psychological testing in order to establish or rule out the presence of attention deficit problems.
B. The Connors Adult ADHD Rating Scale (CAARS) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory-3 (SASSI-3) was administered to the client.
D. Psychological testing has established the presence of an attention deficit problem.
E. The psychological testing failed to confirm the presence of attention deficit.

2. Provide Psychological Testing for Emotional or Learning Factors (2)

A. The client received a psychological evaluation to help determine whether emotional factors are contributing to his/her impulsive or maladaptive behaviors.
B. The client received a psychological evaluation to rule out the presence of a possible learning disability that may be contributing to his/her problems with attention, distractibility, and impulsivity.
C. The client was uncooperative during the psychological testing and did not appear to put forth good effort.
D. The psychological evaluation results were processed with the client to assist him/her in understanding his/her condition and to answer any questions that he/she might have.
E. The client's family was provided with feedback on the evaluation results, to assist the family members in understanding the client's condition and to answer any questions that the family members might have.
F. The client and his/her family members understood the explanation of the psychological testing and have accepted the presence of an attention deficit problem.
G. The client has denied the presence of attention deficit and refused to accept the confirming results of the psychological testing.

3. Teach about the Relationship between Attention Deficit and Addiction (3)

A. The client was taught, through using a biopsychosocial approach, about the relationship between attention deficit symptoms and his/her addictive behavior.
B. The client was able to acknowledge several instances in which attention deficit symptoms have prompted the addictive behavior; this insight was reinforced.
C. The client was assisted in listing the ways using addictive behavior to cope with the symptoms of ADD has led to powerlessness and unmanageability.
D. It was noted that as attention deficit symptoms have decreased, the client has identified a corresponding decrease in his/her addictive behavior.

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4. Probe Attention Deficit Emotions/Addictive Behavior Connection (4)

A. The client was probed for identification of feelings that he/she had when struggling to learn due to the symptoms of attention deficit.
B. Active listening was used as the client discussed how addictive behavior was used to avoid uncomfortable feelings.
C. The client was assisted in identifying his/her pattern of negative emotions related to learning problems.
D. The client acknowledged the use of addictive behaviors in order to cope with the emotions related to attention deficit behaviors; this insight was reinforced.
E. The client rejected any connection between emotions related to attention deficit and addictive behavior; he/she was urged to monitor this common dynamic.

5. Accept Powerlessness/Unmanageability over Attention Deficit Symptoms (5)

A. The client was taught about the use of a 12-step recovery program's Step One exercise to acknowledge unmanageability of attention deficit symptoms and addiction.
B. The client was assigned to complete the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was noted to accept the concept of being powerless and being unable to manage attention deficit symptoms and addiction problems.
D. It was noted that the client has had increased serenity after accepting his/her powerlessness and inability to manage attention deficit symptoms and addiction.
E. The client rejected the concept of powerlessness and unmanageability over his/her attention deficit and addiction symptoms, and was urged to monitor this dynamic.

6. Probe Relationship Problems (6)

A. The client was assisted in identifying relationship problems that are caused by or exacerbated by attention deficit and addiction behavior.
B. The client listed a variety of relationship difficulties that have been caused by or exacerbated by the attention deficit and addictive behavior; these problems were summarized and reflected to the client.
C. As therapy has progressed, the client has reported decreased problems in relationships, due to increased control over his/her attention deficit and addictive behavior.
D. The client was resistive to becoming specific about relationship problems that are caused by or exacerbated by attention deficit and addictive behavior, and more specific questions were used to elicit this information.

7. Confront Blaming (7)

A. The client was firmly and consistently confronted regarding blaming others for his/her impulsive behaviors, and for his/her failure to accept responsibility for the consequences of those actions.
B. The client acknowledged his/her tendency to blame others for his/her impulsive behaviors; this insight was acknowledged.
C. The client acknowledged that he/she often fails to accept responsibility for the consequences of his/her actions; this insight was highlighted.

D. The client was reinforced as he/she has taken responsibility for his/her impulsive behaviors and the consequences of his/her actions.
E. It was reflected to the client that he/she continues to refuse to take any responsibility for his/her actions.

8. Identify Negative Self-Talk (8)

A. The client's distorted, negative self-talk regarding learning situations was identified.
B. The client was assisted in identifying a variety of distorted, negative self-talk messages that he/she has engaged in during learning situations.
C. It was noted that the client denied any pattern of distorted, negative self-talk.

9. Replace Negative Expectations (9)

A. The client was trained in techniques to replace negative expectations and disparaging self-talk with positive self-talk in learning situations.
B. The client has learned positive self-talk techniques and has implemented them in his/her daily life, causing learning difficulties to diminish.
C. The client reported increased self-confidence since being taught positive self-talk.
D. The client has found it difficult to implement the positive self-talk technique that he/she has been taught, and he/she continues to be focused on negative expectations regarding learning situations.

10. Review Failure to Learn and Negative Emotions (10)

A. The client was asked to identify specific instances in which he/she has failed to learn.
B. The client was asked to identify the specific negative emotions that are associated with failure-to-learn experiences.
C. The client was asked to identify how negative emotions may have triggered addictive behavior as an escape from those feelings.
D. Acting listening was provided as the client identified failure-to-learn situations, and the use of addictive behavior as an escape from negative feelings.
E. The client identified failure-to-learn situations, but it was noted that he/she did not use addictive behavior as an escape from negative feelings.

11. Use Alternative Behaviors for Negative Emotions (11)

A. The client was presented with a variety of constructive coping behaviors that can be used to cope with negative emotions (e.g., focus cognitively, breathe deeply, make lists, reduce distractions, shorten learning sessions, repeat instructions verbally).
B. Alternative coping behaviors were role-played and modeled with the client as alternatives for dealing with negative emotions.
C. The client was assigned "Getting Organized" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
D. The client was reinforced as he/she displayed an understanding of a variety of alternative coping behaviors to cope with negative emotions.
E. The client identified that he/she has regularly used alternative coping behaviors to deal with negative emotions, and has decreased addiction behavior; this progress was reinforced.

F. The client has not used alternative coping behaviors for negative emotions and has continued to use addictive behaviors; he/she was reminded about these useful techniques.

12. Encourage Recovery Program (12)

A. The client was assisted in identifying how working on a program of recovery can aid in reducing the negative influence of attention deficit and addictive behavior.
B. The client was reinforced as he/she endorsed the need to develop and maintain a program of recovery.
C. The client rejected the expectation that a program of recovery can assist with his/her attention deficit and addiction problems, and was urged to keep this option in mind.

13. Teach about a Higher Power (13)

A. The client was presented with information about how faith in a higher power can aid in recovery from attention deficit traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the idea of a higher power; he/she was urged to reconsider this concept further along in his/her recovery.

14. Refer for Psychotropic Medication (14)

A. The client was referred to a physician for the purpose of evaluating the client for a prescription of psychotropic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medications, but none were prescribed.
C. Psychotropic medications have been prescribed for the client.
D. The client has been monitored for side effects of medication.
E. The client has refused a prescription of psychotropic medication provided by the physician.

15. Administer/Monitor Medications (15)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering his/her own medications.
C. As the client has taken the medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
D. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.
E. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
F. The client identified side effects of the medication, and this was relayed to the prescribing clinician.
G. The client has not consistently been taking the prescribed medication, and he/she has been redirected to do so.

16. Design Remedial Procedures for Additional Learning Disabilities (16)

A. The client was referred to a special educator to develop remedial procedures for any learning disabilities that may be present in addition to ADD.

B. A program for remedial procedures for learning disabilities present in addition to attention deficit was developed.
C. The client reported benefit from the remedial procedures used to eliminate the effects of learning disabilities.
D. The client has not used the remedial procedures designed to eliminate the effects of learning disabilities, and he/she was redirected to do so.

17. Teach about the Use of a Reminder Calendar (17)

A. The client was taught about the use of making lists and using a calendar to remind him/her about appointments and daily obligations.
B. The client has implemented structured reminders and organizers, and this has been noted to be helpful in reducing forgetfulness and enabling him/her to complete necessary tasks.
C. The client has not used the structured reminders, and continues to forget about daily obligations; he/she was redirected to use these organizers.

18. List Coping Skills for Attention Deficit (18)

A. The client was assisted in developing a list of coping skills that he/she can use to reduce the negative effects of attention deficit (i.e., reduce extraneous stimulation, make lists and reminders, take medication, use relaxation techniques, talk to someone, go to recovery meetings, engage in physical exercise).
B. The client was assigned "Symptoms and Fixes for ADD" from the *Adult Psychotherapy Homework Planner,* 2nd ed.(Jongsma).
C. The client was assisted in developing a list of coping skills for attention deficit effects.
D. The client reported implementing coping skills for attention deficit effects, which has been noted to result in an improved pattern of concentration.
E. The client has not listed or implemented coping skills for attention deficit behaviors, and was redirected to do so.

19. Develop a Quiet Place (19)

A. The client was assisted in developing a quiet area, free of extraneous stimulation, where he/she can concentrate and learn.
B. The client reported using his/her quiet place, and verified that it has been helpful for improving his/her learning; this progress was reinforced.
C. The client reported ongoing problems despite the use of a quiet place for learning, and this technique was reviewed.
D. The client has not developed a quiet place where he/she can learn, and he/she was redirected to do so.

20. Teach Relapse Prevention Skills (20)

A. The client was presented with a variety of relapse prevention skills that can be used to help maintain his/her recovery (e.g., going to meetings, talking to someone, calling a sponsor, using relaxation techniques, engaging in physical exercise, turning worries over to a higher power).
B. The client was assigned "Negotiating Skills for Success" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).

C. The client displayed an understanding of a variety of relapse prevention skills presented.
D. The client identified that he/she has regularly used relapse prevention skills, and has decreased addiction behaviors; this progress was highlighted.
E. The client has not used relapse prevention skills, and has continued to use addictive behaviors; he/she was redirected to his/her relapse prevention plan.

21. Teach Relaxation Techniques (21)

A. The client was taught various relaxation techniques, including progressive relaxation, guided imagery, and/or biofeedback, to be used to help him/her reduce tension.
B. The client was assigned to relax twice a day for 10 to 20 minutes using newly learned relaxation techniques.
C. The client has implemented relaxation procedures to reduce tension and physical restlessness, and the benefits of this technique were reviewed.
D. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension, and he/she was encouraged to do so.

22. Relax When Frustrated by Learning Problems (22)

A. The client was encouraged to implement relaxation skills as a coping and focusing mechanism when feeling tense and frustrated by a learning situation.
B. The client reported regular use of relaxation skills as a coping and focusing mechanism; this progress was reinforced.
C. The client was assisted in identifying benefits from the use of relaxation skills when frustrated by learning situations.
D. The client acknowledges that he/she has not used relaxation skills when frustrated by learning situations, and he/she was redirected to do so.

23. Develop a Physical Fitness Program (23)

A. After the client obtained approval from his/her personal physician, he/she was assisted in developing an exercise program.
B. The client has followed through on the assigned exercise program, and has gradually increased his/her exercise level by 10 percent each week.
C. The client reported that he/she is now exercising at a training heart rate at least three times a week for at least 20 minutes, and this progress was celebrated.
D. The client has not followed through on establishing a daily exercise routine, and he/she was encouraged to do so.

24. Discuss with Family the Attention Deficit/Addiction Connection (24)

A. The client's family members were educated about the connection between attention deficit and addictive behaviors.
B. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety (e.g., attend recovery group meetings, reinforce the client's positive coping skills, be patient, keep expectations realistic, go to an attention deficit support group).
C. The client's family members were noted to indicate commitment to supporting the client in his/her recovery, through the use of specific techniques.

D. The client reported family members showing encouragement to help him/her recover from attention deficit and addiction problems; this help was highlighted.
E. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support the client's recovery.
F. Active listening skills were used as the client reported that family members have not been consistent in supporting his/her sobriety.

25. Provide the Family with Attention Deficit Information (25)

A. The client's family members were provided with specific information about attention deficit, and about the tools that are used to assist the client in recovery.
B. Family members were encouraged to read *You Mean I'm Not Lazy, Stupid or Crazy?* (Kelly and Ramundo).
C. The client's family members were noted to display an understanding about attention deficit, and about the tools to assist the client in recovery.
D. The client's family members have regularly implemented the information regarding attention deficit and recovery, and this progress was reinforced.
E. The client reported that family members have been sporadic in their use of information about attention deficit and his/her recovery needs; he/she was assisted in developing a response to this pattern.

26. Re-administer Psychological Instruments (26)

A. The outcome of treatment was assessed via the re-administration of objective tests of ADD.
B. The client produced treatment outcome test scores indicating improvement on ADD traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on ADD traits; these results were presented to the client.

27. Assess Satisfaction (27)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

BORDERLINE TRAITS

CLIENT PRESENTATION

1. Emotional Reactivity (1)*

A. The client described a history of extreme emotional reactivity when minor stresses occur in his/her life.

B. The client's emotional reactivity is usually quite short-lived, as he/she returns to a calm state after demonstrating strong feelings of anger, anxiety, or depression.

C. The client's emotional lability has been reduced, and he/she reported less frequent incidents of emotional reactivity.

2. Chaotic Interpersonal Relationships (2)

A. The client has a pattern of intense but chaotic interpersonal relationships, as he/she puts high expectations on others and is easily threatened that the relationship might be in jeopardy.

B. The client has had many relationships that have ended because of the intensity and demands that he/she places on the relationship.

C. The client reported incidents that have occurred recently with friends whereby he/she continues to place inappropriately intense demands on the relationship.

D. The client has made progress in stabilizing his/her relationship with others by diminishing the degree of demands that he/she places on the relationship and reducing the dependency on it.

3. Identity Disturbance (3)

A. The client has a history of being confused as to whom he/she is and what his/her goals are in life.

B. The client has become very intense about questioning his/her identity.

C. The client has become more assured about his/her identity and is less reactive to this issue.

4. Impulsivity (4)

A. The client described a history of engaging in impulsive behaviors that have the potential for producing harmful consequences for himself/herself.

B. The client has engaged in impulsive behaviors that compromise his/her reputation with others.

C. The client has established improved control over his/her impulsivity, and considers the consequences of his/her actions more deliberately before engaging in behavior.

5. Suicidal/Self-Mutilating Behavior (5)

A. The client reported a history of multiple suicidal gestures and/or threats.

B. The client has engaged in self-mutilating behavior on several occasions.

C. The client made a commitment to terminate suicidal gestures and threats.

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D. The client agreed to stop the pattern of self-mutilating behavior.
E. There have been no recent reports of occurrences of suicidal gestures, threats, or self-mutilating behavior.

6. Feelings of Emptiness (6)

A. The client reported feeling empty, bored, and dissatisfied with life and other people.
B. The client's frequent complaints of feeling bored, dissatisfied, and that life had no meaning has alienated him/her from others.
C. The client has not complained recently about feeling empty, bored, or dissatisfied with life and others, but appears to be more challenged and at peace with life.

7. Intense Anger Eruptions (7)

A. The client frequently has eruptions of intense and inappropriate anger triggered by seemingly insignificant stressors.
B. The client seems to live in a state of chronic anger and displeasure with others.
C. The client's eruptions of intense and inappropriate anger have diminished in their frequency and intensity.
D. The client reported that there have been no incidents of recent eruptions in anger.

8. Feels Others Are Unfair (8)

A. The client made frequent complaints about the unfair treatment he/she believes that others have given him/her.
B. The client frequently verbalized distrust of others and questions their motives.
C. The client has demonstrated increased trust of others and has not complained about unfair treatment from them recently.

9. Black-or-White Thinking (9)

A. The client demonstrated a pattern of analyzing issues in simple terms of right or wrong, black or white, trustworthy versus deceitful, without regard for extenuating circumstances and before considering the complexity of the situations.
B. The client's black-or-white thinking has caused him/her to be quite judgmental of others.
C. The client finds it difficult to consider the complexity of situations but prefers to think in simple terms of right versus wrong.
D. The client has shown some progress in allowing for the complexity of some situations and extenuating circumstances that might contribute to some other people's actions.

10. Abandonment Fears (10)

A. The client described a history of becoming very anxious and angry whenever there is any hint of abandonment present in an established relationship.
B. The client's hypersensitivity to abandonment has caused him/her to place excessive demands of loyalty and proof of commitment on relationships.
C. The client has begun to acknowledge his/her fear of abandonment as excessive and irrational.
D. Conflicts within a relationship have been reported by the client, but he/she has not automatically assumed that abandonment will be the result.

INTERVENTIONS IMPLEMENTED

1. Assess Behavior, Affect, and Cognitions (1)*

A. The client's experience of distress and disability was assessed to identify targets of therapy.
B. The client's pattern of behaviors (e.g., parasuicidal acts, angry outbursts, overattachment) was assessed to help identify targets for therapy.
C. The client's affect was assessed, including emotional overreactions and painful emptiness, in regard to targets for therapy.
D. The client's cognitions were assessed, including biases such as dichotomous thinking, overgeneralization, and catastrophizing, to assist in identifying targets for therapy.
E. Specific targets for therapy were identified.

2. Explore Childhood Abuse/Abandonment (2)

A. Experiences of childhood physical or emotional abuse, neglect, or abandonment were explored.
B. As the client identified instances of abuse and neglect, the feelings surrounding these experiences were processed.
C. The client's experiences with perceived abandonment were highlighted and related to his/her current fears of this experience occurring in the present.
D. As the client's experience of abuse and abandonment in his/her childhood was processed, he/she denied any emotional impact of these experiences on himself/herself.
E. The client denied any experience of abuse and abandonment in his/her childhood, and he/she was urged to talk about these types of concerns as he/she deems it necessary in the future.

3. Validate Distress and Difficulties (3)

A. The client's experience of distress and subsequent difficulties were validated as understandable, given his/her particular circumstances, thoughts, and feelings.
B. It was reflected to the client that most people would experience the same distress and difficulties, given the same circumstances, thoughts, and feelings.
C. The client was noted to accept the validation about his/her level of distress.

4. Administer Assessments of Borderline Traits (4)

A. The client was administered psychological instruments designed to objectively assess depression, suicidality, impulsivity, aggression, or other traits related to Borderline Personality Disorder.
B. The client was administered the Millon Clinical Multiaxial Inventory (MCMI).
C. The client was administered the Hamilton Depression Rating Scale (HDRS).
D. The client was administered the Beck Scale for Suicide Ideation (BSSI).
E. The client was administered the Aggressive Acts Questionnaire (AAQ).
F. The client was administered the Barratt Impulsiveness Scale–11 (BIS-11).
G. The client was provided feedback regarding the results of the assessment.

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5. Assign a Feelings Journal (5)

A. The client was assigned to record a daily journal of feelings, along with the circumstances that triggered those feelings and the actions that resulted from the feelings.

B. The client has completed a journal of daily feelings, the circumstances that triggered those feelings, and the actions resulting from those feelings, and this material was processed within the session.

C. The client has learned, by completing the assigned exercise of journaling feelings on a daily basis, to identify those circumstances that trigger feelings of fear, depression, and anger, as well as his/her typical reaction to those feelings.

D. The client has not completed a feelings journal, and was redirected to complete this task.

6. Identify Borderline Traits (6)

A. The client was assisted in learning about the criteria for borderline traits.

B. The client was assisted in identifying how each borderline trait applies to himself/herself.

C. The client was reinforced as he/she acknowledged how borderline traits make recovery from addictive behavior more difficult.

D. The client struggled to clearly understand criteria for borderline traits, or to apply these criteria to himself/herself and his/her addictive behavior; remedial feedback was provided in this area.

7. Relate Borderline Traits to Addictive Behavior (7)

A. The client was presented with information about how poor impulse control, poor anger management, fear of abandonment, and intense mood swings increase the probability of addictive behavior.

B. The client was assigned "Analyzing Acting-Out Behavior" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. Active listening was used as the client identified specific incidences from his/her own life when his/her borderline traits have led to addictive behavior.

D. The client has reported, as therapy has progressed, decreased incidences of borderline behaviors, with a commensurate decrease in addictive behavior.

E. The client has struggled to identify how poor impulse control, poor anger management, fears of abandonment, and intense mood swings have led to an increase in addictive behavior; he/she was provided with specific feedback in this area.

8. Orient to Dialectical Behavioral Therapy (DBT) (8)

A. The client was oriented to DBT.

B. The multiple facets of DBT were highlighted, including support, collaboration, challenge, problem solving, and skill building.

C. The biosocial view related to Borderline Personality Disorder was emphasized, including the constitutional and social influences.

D. The concept of dialectics was reviewed with the client.

E. Information from *Cognitive-Behavioral Treatment of Borderline Personality* (Linehan) was reviewed with the client.

9. Assign Reading on Borderline Personality Disorder (9)

A. The client was asked to read selected sections of books or manuals that reinforce therapeutic interventions.
B. Portions of *Skills Training Manual for Treating Borderline Personality Disorder* (Linehan) were assigned to the client.
C. The client has read assigned information from books or manuals, and key concepts were reinforced.
D. The client has not read assigned portions of books or manuals that reinforce therapeutic interventions and was redirected to do so.

10. Solicit Agreement for DBT (10)

A. An agreement was solicited from the client to work collaboratively within the parameters of the DBT approach.
B. A written agreement was developed with the client to work collaboratively within the parameters of the DBT approach.
C. The client has agreed to work within the DBT approach to overcome the behaviors, emotions, and cognitions that have been identified as causing problems in his/her life.
D. The client was reinforced for his/her commitment to working within the DBT program.
E. The client has not agreed to work within the DBT program and was referred back to "Treatment as Usual."

11. Explore Self-Mutilating Behavior (11)

A. The client's history and nature of self-mutilating behavior were explored thoroughly.
B. The client recalled a pattern of self-mutilating behavior that has dated back several years.
C. The client's self-mutilating behavior was identified as being associated with feelings of depression, fear, and anger, as well as a lack of self-identity.

12. Assess Suicidal Behavior (12)

A. The client's history and current status regarding suicidal gestures were assessed.
B. The secondary gain associated with suicidal gestures was identified.
C. Triggers for suicidal thoughts were identified, and alternative responses to these trigger situations were proposed.

13. Arrange Hospitalization (13)

A. As the client was judged to be harmful of self, arrangements were made for voluntary psychiatric hospitalization.
B. As the client refused a necessary psychiatric hospitalization, the proper steps to involuntary hospitalize the client were initiated.
C. The client has been psychiatrically hospitalized.
D. Ongoing contact with the psychiatric hospital has been maintained in order to coordinate the most helpful treatment while in the hospital.

14. Refer to Emergency Helpline (14)

A. The client was provided with an emergency helpline telephone number that is available 24 hours a day.

B. Positive feedback was provided as the client promised to utilize the emergency helpline telephone number rather than engaging in any self-harm behaviors.
C. The client has not used the emergency helpline telephone system in place of engaging in self-harm behaviors and was reminded about this useful resource.

15. Interpret Self-Mutilating Behavior (15)

A. The client's self-mutilation was interpreted as an expression of the rage and helplessness that could not be expressed as a child victim of emotional abandonment and abuse.
B. The client accepted the interpretation of his/her self-mutilation and more directly expressed his/her feelings of hurt and anger associated with childhood abuse experiences.
C. The client rejected the interpretation of self-mutilating behavior as an expression of rage associated with childhood abandonment or neglect experiences.
D. An expectation that the client will be able to control his/her urge for self-mutilation was expressed.

16. Elicit Non-Suicide Contract (16)

A. A promise was elicited from the client that he/she will initiate contact with the therapist or an emergency helpline if the suicidal urge becomes strong and before any self-injurious behavior is enacted.
B. The client was reinforced as he/she promised to terminate self-mutilation behavior and to contact emergency personnel if urges for such behavior arise.
C. The client has followed through on the non-self-harm contract by contacting emergency service personnel rather than enacting any suicidal gestures or self-mutilating behavior; he/she was reinforced for this healthy use of support.
D. The client's potential for suicide was consistently assessed despite the suicide prevention contract.

17. Resolve Therapy-Interfering Behaviors (17)

A. The client's pattern of therapy-interfering behavior (e.g., missing appointments, noncompliance, abruptly leaving therapy) was consistently monitored.
B. The client was confronted for his/her therapy-interfering behaviors.
C. The clinician took appropriate responsibility for the clinician's own therapy-interfering behaviors.
D. Therapy-interfering behaviors were problem-solved.

18. Refer for Medication Evaluation (18)

A. The client was assessed in regard to the need for psychotropic medication.
B. The client was referred to a physician to be evaluated for psychotropic medications to stabilize his/her mood.
C. The client has cooperated with a referral to a physician and has attended the evaluation for psychotropic medications.
D. The client has refused to attend a physician evaluation for psychotropic medications and was redirected to do so.

19. Monitor Medication Compliance (19)

A. The client's compliance with prescribed medications was monitored, and effectiveness of the medication on his/her level of functioning was noted.
B. The client reported that the medication has been beneficial in stabilizing his/her mood, and he/she was encouraged to continue its use.
C. The client reported that the medication has not been beneficial in stabilizing his/her mood; this was reflected to the prescribing clinician.
D. The client reported side effects of the medication that he/she found intolerable; these side effects were relayed to the physician.

20. Use Strategies to Manage Maladaptive Behaviors, Thoughts, and Feelings (20)

A. Validation, dialectical strategies, and problem-solving strategies were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feelings.
B. Therapeutic techniques as described in *Cognitive-Behavioral Treatment of Borderline Personality* (Linehan) were used to help the client manage his/her symptoms.
C. The client was assigned "Plan before Acting" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. Validation was consistently used to help the client manage, reduce, and stabilize maladaptive behaviors, thoughts, and feelings.
E. Dialectical strategies, such as metaphor or devil's advocacy, were used to help the client manage, reduce, or stabilize maladaptive behaviors, thoughts, and feeling.
F. Problem-solving strategies, such as behavioral analysis, cognitive restructuring, skills training, and exposure, were used to help the client manage, reduce, or stabilize his/her maladaptive behaviors, thoughts, and feelings.
G. It was noted that the client has decreased maladaptive behaviors (e.g., angry outbursts, binge drinking, abusive relationships, high-risk sex, uncontrolled spending), maladaptive thought patterns (e.g., all-or-nothing thinking, catastrophizing, personalizing), and maladaptive feelings (e.g., rage, hopelessness, abandonment).

21. Conduct Skills Training (21)

A. Group skills training was used to teach responses to identified problem behaviors.
B. Individual skills training was used to teach the client responses to identified behavioral problem patterns.
C. The client was taught assertiveness for use in abusive relationships.
D. The client was taught cognitive strategies for identifying and controlling financial, sexual, and other impulsivity.
E. The client has participated in skills training for specific behavioral problems, and the benefit of this treatment was reviewed.
F. The client has not participated in group skills training and was redirected to do so.

22. Teach Skills for Regular Use (22)

A. Behavioral strategies were taught to the client via instruction, modeling, and advising.
B. The client was assigned "Forming Stable Relationships" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. Role-playing and exposure exercises were used to strengthen the client's use of behavioral strategies.
D. The client was provided with regular homework assignments to help incorporate the behavioral strategies into his/her everyday life.
E. The client was reinforced for his/her regular use and understanding of behavioral strategies.
F. The client has struggled to understand the behavioral strategies and was provided with remedial information in this area.

23. Conduct Trauma Work (23)

A. As the client's adaptive behavior patterns have been evident, work on remembering and accepting the facts of previous trauma was initiated.
B. The client was assisted in using his/her new adaptive behavior patterns and emotional regulation skills to reduce denial and increase insight into the effects of previous trauma.
C. The client was helped to reduce maladaptive emotional and/or behavioral responses to trauma-related stimuli through the regular use of adaptive behavioral patterns and emotional skills.
D. The client was assisted in tolerating the distress of remembering and accepting the facts of previous trauma and in reducing self-blame.
E. The client has been noted to be successful in using his/her adaptive behavioral patterns and emotional regulation skills in managing the effects of previous trauma.
F. The client has become more emotionally disregulated due to the trauma work and was redirected to use behavioral and emotional regulation skills.

24. Explore Schema and Self-Talk (24)

A. The client was assisted in exploring how his/her schema and self-talk mediate his/her trauma-related and other fears.
B. The client's distorted schema and self-talk were reviewed.
C. The client was reinforced for his/her insight into his/her self-talk and schema that support his/her trauma-related and other fears.
D. The client struggled to develop insight into his/her own self-talk and schema and was provided with tentative examples of these concepts.

25. Assign Exercises on Self-Talk (25)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned the homework exercise "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was directed to complete the "Daily Record of Dysfunctional Thoughts" from *Cognitive-Behavioral Therapy of Depression* (Beck, Rush, Shaw, and Emery).
D. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
E. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.
F. The client has not completed assignments for identifying and replacing dysfunctional self-talk and was redirected to do so.

26. Reinforce Positive Self-Talk (26)

A. The client was reinforced for implementing positive, realistic self-talk that enhances self-confidence and increases adaptive action.
B. The client noted several instances from his/her daily life that reflected the implementation of positive self-talk, and these successful experiences were reinforced.

27. Develop Hierarchy of Triggers (27)

A. The client was directed to develop a hierarchy of feared and avoided trauma-related stimuli.
B. The client was helped to list many of the feared and avoided trauma-related stimuli.
C. The client was assisted in developing a hierarchy of feared and avoided trauma-related stimuli.
D. The client's journaling was used to assist in developing a hierarchy of feared and avoided trauma-related stimuli.

28. Direct Imaginal Exposure (28)

A. Imaginal Exposure was directed by having the client describe a chosen traumatic experience at an increasing, but client-chosen, level of detail.
B. Cognitive restructuring techniques were integrated and repeated until the associated anxiety regarding childhood trauma was reduced and stabilized.
C. The session was recorded and provided to the client to listen to between sessions.
D. "Share the Painful Memory" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma) was assigned to help direct the client's imaginal exposure.
E. Techniques from *Posttraumatic Stress Disorder* (Resick and Calhoun) were used to direct the client's imaginal exposure.
F. The client's progress was reviewed, reinforced, and problem-solved.

29. Assign Homework on Exposure (29)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record his/her experience.
B. The client was directed to listen to the taped exposure session to consolidate his/her skills for exposure to feared stimuli.
C. The client was assigned situational exposure homework from *Posttraumatic Stress Disorder* (Resick and Calhoun).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

30. Encourage Trust in Own Evaluations (30)

A. The client was encouraged to value, believe, and trust in his/her evaluations of himself/herself, others, and situations.
B. The client was encouraged to examine situations in a nondefensive manner, independent of others' opinions.
C. The client was encouraged to build self-reliance through trusting his/her own evaluations.

D. The client was reinforced for his/her value, belief, and trust in his/her own evaluations of himself/herself, others, and situations.
E. The client was redirected when he/she tended to devalue, disbelieve, and distrust his/her own evaluations.

31. Encourage Positive Experiences (31)

A. The client was encouraged to facilitate his/her personal growth by choosing experiences that strengthen self-awareness, personal values, and appreciation of life.
B. The client was encouraged to use spiritual practices and other relative life experiences to help increase his/her positive experiences.

32. Understand Dichotomous Thinking (32)

A. The client was assisted in examining his/her style of evaluating people, especially regarding his/her dichotomous thinking.
B. The client was taught the risks of using dichotomous thinking to evaluate others, and that this leads to feelings of interpersonal mistrust.
C. The client was reminded of the harm that is caused to relationships as a result of his/her dichotomous thinking.
D. The client accepted the observation that he/she must be sensitive to his/her pattern of black-or-white thinking.
E. The client rejected the idea of dichotomous thinking; he/she was provided with additional examples.

33. Challenge Dichotomous Thinking (33)

A. The client was helped to understand how dichotomous thinking leads to feelings of interpersonal mistrust.
B. Attempts were made to help the client see positive and negative traits in all people, as opposed to idealizing some and harshly condemning others.
C. The client was reinforced as he/she identified positive and negative traits in several people within his/her social network.
D. The client persisted in his/her pattern of dichotomous thinking, and was urged to review this pattern in his/her day-to-day life.

34. Assess Others' Strengths and Weaknesses (34)

A. The client was assisted in reviewing the strengths and weaknesses of his/her friends and family members.
B. The client was assigned "Seeing that We're All Just Human" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was validated for his/her ability to identify a variety of strengths and weaknesses in a sampling of his/her friends and family members.
D. The client acknowledged that both good and bad traits can coexist in the same person; this success was celebrated.
E. It was reflected to the client that he/she has been unable to identify both strengths and weaknesses in his/her friends and family members, and continues to have rather dichotomous thinking about these individuals.

35. Resolve Rejection Feelings (35)

A. The client was assisted in resolving feelings of rejection from childhood.
B. The client reported feeling supported as he/she reviewed feelings of rejection from childhood, and that this has helped to resolve these feelings.
C. It was noted that the client has had decreased feelings of vulnerability as he/she has resolved feelings of rejection from childhood.
D. The client has had difficulty resolving feelings of rejection from childhood, and he/she was noted to be continuing to feel quite vulnerable.

36. Teach about a Higher Power (36)

A. The client was presented with information about how faith in a higher power can aid in recovery from borderline traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was urged to consider this concept at a later time.

37. Develop Physical Fitness Program (37)

A. The client was assisted in developing an exercise program after he/she obtained approval from his/her personal physician.
B. The client has followed through on the assigned exercise program, and has gradually increased his/her exercise level by 10 percent each week.
C. The client reported that he/she is now exercising at a training heart rate for at least 20 minutes, at least three times per week; this success was reinforced.
D. The client has not followed through on establishing a daily exercise routine, and was encouraged to do so.

38. Develop an Aftercare Plan (38)

A. The client was assisted in developing an aftercare plan that will support his/her recovery when feeling angry, anxious, abandoned, or depressed.
B. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups and sponsors, family activities, counseling); feedback was provided about the completeness of this plan.
C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare plan.
D. The client has not followed through on an aftercare plan, and was redirected to do so.

39. Assist Family Members in Listing Support for Recovery (39)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.
B. The client reported family members assisting significantly in encouragement and other techniques to help him/her to recover from borderline traits and addiction; this validation was emphasized.

C. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to support his/her recovery.
D. The client reported that family members have not been supportive of his/her recovery; this rejection was processed.

40. Educate the Family about Borderline Syndrome (40)

A. Family members were taught about the client's borderline syndrome and the steps that he/she must take to recover successfully.
B. Family members were reinforced as they have displayed an understanding of the client's borderline syndrome and the steps that he/she must take to recover successfully.
C. Family members refused to accept the information about the client's borderline syndrome, and they did not display an understanding of the steps that he/she must take to recover successfully; remedial feedback was provided.

41. Re-administer Psychological Instruments (41)

A. The outcome of treatment was assessed via the re-administration of objective tests of borderline traits.
B. The client produced treatment outcome test scores indicating improvement on borderline traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on borderline traits; these results were presented to the client.

42. Assess Satisfaction (42)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CHILDHOOD TRAUMA

CLIENT PRESENTATION

1. Physical/Sexual/Emotional Abuse (1)*

A. The client reported that he/she had a history of physical/sexual/emotional abuse in childhood.
B. The client reported that painful memories of childhood abusive experiences are intrusive and unsettling.
C. The client reported that nightmares and other disturbing thoughts related to childhood abuse interfere with his/her sleep.
D. The client was able to discuss his/her childhood abusive experiences without being overwhelmed with negative emotions.
E. The client reported that his/her emotional reactions associated with the childhood abusive experiences have been resolved.

2. Addiction Used to Escape Emotional Pain (2)

A. The client reported a pattern of using addictive behaviors to escape emotional pain tied to childhood traumas.
B. As the client has worked through emotional traumas, his/her addictive behavior has decreased.
C. The client reported no longer engaging in any addictive behaviors.

3. Unresolved Psychological Conflicts (3)

A. The client described a pattern of emotional and psychological discord caused by childhood abuse or neglect.
B. The client identified a pattern of interpersonal conflict related to unresolved psychological effects of childhood abuse or neglect.
C. As the client has worked through his/her pattern of childhood abuse, there have been less psychological and relational conflicts.
D. The client reports decreased psychological conflicts and an increased sense of serenity.

4. Irrational Fears (4)

A. The client's early traumatic life experiences have led to continuing irrational fears in the present.
B. As the client has developed insight into conflicts related to his/her childhood, his/her irrational fears have begun to diminish.
C. The client reported a greater sense of security and serenity and an absence of previously held irrational fears.
D. The client reports decreased addiction behavior as his/her irrational fears have decreased.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Suppressed Rage (4)

A. The client reported that his/her early painful experiences have resulted in feelings of anger and unexpressed rage.
B. The client has begun to express rage toward his/her parents for their treatment of him/her during childhood.
C. The client's level of anger has diminished, and he/she reported a greater sense of peace.
D. As the client's level of anger has diminished, he/she has decreased addictive behaviors.

6. Depression and Low Self-Esteem (4)

A. The client reported feelings of low self-esteem and depression related to painful experiences of childhood.
B. As the client has shared his/her pain related to his/her childhood experiences, the feelings of low self-esteem and depression have diminished.
C. The client reported increased feelings of positive self-esteem and a lifting of depression.
D. As the client has progressed in therapy, decreased symptoms of depression and increased self-esteem have resulted in a reduction in addictive behaviors.

7. Identity Conflicts/Anxious Insecurity (4)

A. The client reported struggles with his/her identity and feelings of insecurity due to painful childhood experiences.
B. The client reported a clearer sense of identity and more self-confidence as his/her painful childhood experiences were processed.
C. As the client has processed painful childhood experiences, he/she has experienced a decrease in addictive behaviors.

8. Intrusive Memories (5)

A. The client described experiencing intrusive, distressing thoughts or images that recall the childhood traumas and their associated intensive emotional response.
B. The client reported a sense of control over the intrusive, distressing thoughts of the traumatic event.
C. The client reported no longer experiencing intrusive, distressing thoughts of the traumatic event.

9. Guilt (5)

A. The client described a pattern of guilty feelings related to his/her history of childhood trauma.
B. The client reported that as he/she has worked through the childhood traumas, his/her sense of guilt has diminished.
C. The client reported no longer experiencing feelings of guilt related to his/her childhood trauma.

10. Emotional Numbing (5)

A. The client reported an inability to experience a full range of emotions.
B. The client reported beginning to be in touch with his/her feelings again.
C. The client is able to experience a full range of emotions.

11. Unresolved Emotions (6)

A. The client described a pattern of unresolved emotional conflict due to his/her history of childhood trauma.
B. The client described a gradual decrease in unresolved emotional conflict.
C. As the client has worked through the childhood trauma, he/she described a decreased pattern of unresolved emotional conflict.

12. Maladaptive Behaviors (6)

A. The client described a pattern of maladaptive behaviors to deal with the emotional and psychological conflicts related to the childhood trauma.
B. The client has gained insight into how his/her maladaptive behaviors are a result of the childhood trauma.
C. The client reported a decreased pattern of maladaptive or unsuccessful behaviors that have resulted from the childhood trauma.

13. Inability to Trust Others (7)

A. The client reported a pattern of difficulty trusting others, poor bonding in relationships, and problematic communication in interpersonal relationships because of the early childhood neglect or abuse.
B. As the client has worked through his/her reaction to the childhood traumas, there has been less conflict within personal relationships, as well as an increased pattern of trusting others.
C. The client's partner reported that the client is irritable, withdrawn, and preoccupied with his/her childhood trauma.
D. The client and his/her partner reported increased communication and satisfaction with the interpersonal relationship.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Childhood Trauma (1)*

A. A 12-step recovery program's Step One was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with childhood traumas.
B. The client displayed an understanding of the concept presented regarding powerlessness and unmanageability regarding addiction and the negative feelings associated with childhood trauma.
C. The client was able to endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with childhood trauma; this progress was reinforced.
D. The client denied any sense of powerlessness or unmanageability in regard to his/her use of addiction to deal with negative feelings associated with childhood traumas, and he/she was provided with tentative examples of this concern.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

2. Explore Painful Childhood Experiences (2)

A. The client's painful childhood experiences were explored.
B. Active listening was provided as the client explained what it was like to grow up in his/her home environment, focusing on the abusive, neglectful experiences that he/she endured.
C. The client was assisted in identifying the unhealthy emotional and behavioral patterns that have evolved from his/her painful family-of-origin experiences.
D. The client was helped to identify a variety of emotional effects from the painful situations he/she endured in his/her family of origin.
E. The client helped to identify a variety of behavioral patterns that have occurred due to the painful experiences from his/her family of origin.
F. The client denied any pattern of unhealthy emotional or behavioral patterns that have occurred due to his/her painful experiences from his/her family of origin; this was accepted.
G. The client has refused to discuss any details or feelings related to his/her childhood emotional traumas; he/she was urged to do so as he/she feels safe.

3. Administer Psychological Instruments (3)

A. Psychological instruments designed to objectively assess childhood trauma effects on substance abuse were administered to the client.
B. The Childhood Trauma Questionnaire (CTQ) was administered to the client.
C. The Davidson Trauma Scale (DTS) was administered to the client.
D. The Beck Depression Inventory–2 (BDI-2) was administered to the client.
E. The Beck Anxiety Inventory (BAI) was administered to the client.
F. The Substance Abuse Subtle Screening Inventory–3 (SASSI-3) was administered to the client.
G. The client was provided with feedback regarding the results of the psychological instruments administered.

4. Teach about Unhealthy Rules and Roles (4)

A. The client was presented with information about the unhealthy rules and roles that develop in dysfunctional families.
B. The client was assigned "Changing from Victim to Survivor" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was assisted in identifying the pattern of unhealthy rules and roles that occurred in his/her family of origin.
D. The client was able to identify the role that he/she played within the family dynamics.
E. The client struggled to identify or admit to an unhealthy pattern of rules and roles in his/her family of origin; tentative examples were provided.
F. The client has not completed the assigned homework, and was redirected to do so.

5. Connect Childhood Trauma with Trust Issues (5)

A. The client was presented with the concept that his/her childhood trauma experiences have precipitated problems with trust, anger, self-esteem, and depression.
B. The client accepted the concept presented regarding his/her problems with trust, anger, self-esteem, and depression, due to his/her childhood experiences.

C. The client rejected the concept that his/her childhood trauma experiences relate to his/her problems with trust, anger, self-esteem, or depression; tentative examples were provided.

6. Identify Addictive Behavior as an Unhealthy Coping Skill (6)

A. The client was asked about his/her addiction behavior as a means of coping with emotional pain.
B. The client's addictive behavior was confronted as an inappropriate way to cope with emotional pain.
C. The client was assisted in identifying the self-defeating, negative consequences of his/her addictive behavior.
D. Verbal reinforcement was provided as the client identified the self-defeating, negative consequences of the negative behavior.
E. The client denied any pattern of addictive behavior as a way to cope with emotional pain, and was provided with specific examples of how this can occur.

7. Teach Healthy Ways to Cope with Pain (7)

A. The client was asked to identify healthier, more constructive means of coping with emotional pain.
B. The client was assigned "Setting and Maintaining Boundaries" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client was assisted in identifying healthier, more constructive means of coping with emotional pain (e.g., sharing pain with others, attending 12-step recovery program meetings, confronting and then forgiving the perpetrator, turning issues over to a higher power).
D. The client was reinforced as he/she endorsed a variety of healthier, more constructive means of coping with emotional pain.
E. The client was reinforced as he/she has reported a pattern of using healthier means for coping.
F. The client has struggled to implement healthier coping mechanisms and continues to rely on his/her addictive behavior; brainstorming techniques were used.
G. The client denied any significant negative consequences from his/her addictive behavior; additional examples were reviewed.

8. Refer for Medication Evaluation (8)

A. The client was referred for a medication evaluation to help stabilize his/her moods and decrease the intensity of his/her angry feelings.
B. The client agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to help stabilize his/her moods and reduce emotional distress.

9. Monitor Effects of Medication (9)

A. The client's response to the medication was discussed in today's therapy session.
B. It was noted that the medication has helped the client to stabilize his/her moods and decrease the intensity of his/her angry feelings.
C. It was noted that the client has had little or no improvement in his/her moods or anger control since being placed on the medication.

D. The client was reinforced as he/she has consistently taken the medication as prescribed.
E. The client has failed to comply with taking the medication as prescribed and was redirected to do so.

10. Conduct Multimodal Trauma Treatment (10)

A. The child/adolescent client was treated with multimodal trauma treatment techniques as described in "Cognitive-behavioral Psychotherapy for Children and Adolescents with Posttraumatic Stress Disorder Following a Single-Incident Stressor" (March, Amaya-Jackson, Murray, and Schulte).
B. The client was treated with individual therapy techniques based on the multimodality trauma treatment model.
C. The client was engaged in a group using multimodal treatment techniques.

11. Use Trauma-Focused Behavioral Therapy with Child/Adolescent (11)

A. As the client is a child or adolescent, individual trauma-focused cognitive behavioral therapy was used.
B. A parent-child session based on trauma-focused cognitive behavioral therapy was conducted.
C. The client was referred to cognitive behavioral trauma-focused therapy.
D. As the client has engaged in trauma-focused cognitive behavioral therapy, his/her symptoms were noted to be decreasing.
E. The client has not significantly engaged in trauma-focused cognitive behavioral therapy, and has not seen any significant decrease in his/her symptoms; his/her difficulties in progressing were reviewed.

12. Conduct Treatment for Borderline Traits (12)

A. The client was oriented to Dialectical Behavioral Therapy (DBT).
B. The multiple facets of DBT were highlighted, including support, collaboration, challenge, problem solving, and skill building.
C. The biosocial view related to Borderline Personality Disorder was emphasized, including the constitutional and social influences.
D. The concept of dialectics was reviewed with the client.
E. The client was provided with treatment specific for his/her borderline traits.

13. Use Cognitive-Behavioral Therapy for Adults (13)

A. Individual therapy was conducted based on cognitive-behavioral treatment for posttraumatic stress disorder (PTSD).
B. The adult client was referred to individual therapy based on cognitive-behavioral principals for PTSD symptoms.
C. It was reflected to the client that he/she has improved significantly with the use of cognitive-behavioral treatment for his/her PTSD symptoms.
D. The client has not engaged in individual therapy using cognitive-behavioral principals to treat PTSD symptoms, and was assisted in reorienting his/her treatment focus.

14. Discuss PTSD Symptoms (14)

A. A discussion was held about how PTSD results from exposure to trauma and results in intrusive recollections, unwarranted fears, anxiety, and a vulnerability to other negative emotions.
B. The client was provided with specific examples of how PTSD symptoms occur and affect individuals.
C. The client displayed a clear understanding of the dynamics of PTSD and was provided with positive feedback.
D. The client has struggled to understand the dynamics of PTSD and was provided with remedial feedback in this area.

15. Assign Reading on Anxiety (15)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on PTSD.
B. The client was assigned information from *It Happened to Me* (Carter).
C. The client has read the assigned information on PTSD, and key points were reviewed.
D. The client has not read the assigned information on PTSD and was redirected to do so.

16. Discuss Treatment Rationale (16)

A. The client was taught about the overall rationale behind treatment of PTSD.
B. The client was assisted in identifying the appropriate goals for PTSD treatment.
C. The client was taught about coping skills, cognitive restructuring, and exposure techniques.
D. The client was taught about techniques that will help to build confidence, desensitize and overcome fears, and see self, others, and the world in a less fearful and/or depressing manner.
E. The client was reinforced for his/her clear understanding of the rational for treatment of PTSD.
F. The client struggled to understand the rationale behind the treatment for PTSD and was provided with additional feedback in this area.

17. Teach Stress Inoculation Training (17)

A. The client was taught strategies from stress inoculation training, such as relaxation, breathing, covert modeling, and role-play.
B. The client was taught stress inoculation techniques for managing fears from *A Clinical Handbook for Treating PTSD* (Meichenbaum) until a sense of mastery was evident.
C. The client was taught stress inoculation techniques for managing fears from *Cognitive Behavioral Psychotherapy* (Francis and Beidel) until a sense of mastery was evident.
D. The client was assisted in practicing stress inoculation training techniques.
E. The client displayed a clear understanding of the use of stress inoculation training.
F. The client has not displayed a clear understanding of the stress inoculation training techniques and was provided with additional feedback in this area.

18. Teach Anger Management Techniques (18)

A. The client was taught meditational and self-control strategies to help improve his/her anger control (taking time out, physical exercise).

B. The client was taught guided imagery and relaxation techniques to help improve his/her anger control.
C. Role-playing and modeling techniques were used to demonstrate effective ways to control anger.
D. The client was strongly encouraged to express his/her anger through controlled, respectful verbalizations and healthy physical outlets.
E. A reward system was designed to reinforce the client for demonstrating good anger control.

19. Identify Distorted Thoughts (19)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate PTSD responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her PTSD responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was provided with tentative examples in this area.

20. Assign Self-Talk Homework (20)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The "Negative Thoughts Trigger Negative Feeling" exercise from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) was used to help the client develop healthy self-talk.
C. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with positive reinforcement for his/her success in this area.
D. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with corrective feedback for his/her failure to identify and replace self-talk with reality-based alternatives.
E. The client has not attempted his/her homework related to fearful self-talk and reality-based alternatives and was redirected to do so.

21. Construct Anxiety Stimuli Hierarchy (21)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with two or three spheres of worry.
B. The client was assigned the "Describe the Trauma" exercise from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her anxiety remain quite vague; he/she was assisted in completing the hierarchy.
D. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.
E. The client was directed to develop a detailed narrative description of the trauma for imaginal exposure.

22. Use Imaginal Exposure (22)

A. The client was asked to describe a traumatic experience at an increasing, but client-chosen, level of detail.
B. The client was asked to continue to describe his/her traumatic experience, at his/her own chosen level of detail, until the associated anxiety reduces and stabilizes.
C. The client was provided with a recording of the session and was asked to listen to it between sessions.
D. The client was directed to do imaginal exposure as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).
E. The client was reinforced for his/her progress in imaginal exposure.
F. The client was assisted in problem-solving obstacles to his/her imaginal exposure.

23. Teach Thought-Stopping (23)

A. The client was taught a thought-stopping technique.
B. The client was taught to internally voice the word "STOP" immediately upon noticing unwanted trauma or other negative unwanted thoughts.
C. The client was taught to imagine something representing the concept of stopping (e.g., a stop sign or stoplight) immediately upon noticing unwanted trauma or other negative unwanted thoughts.
D. "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) was assigned.
E. The client was assisted in reviewing his/her use of thought-stopping techniques and was provided with positive feedback for his/her appropriate use of this technique.
F. Redirection was provided, as the client has not learned to use the thought-stopping technique.

24. Teach Self-Dialogue Procedure (24)

A. The client was taught self-dialogue procedures as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).
B. The client was taught self-dialogue techniques that learn to recognize maladaptive self-talk, challenge its biases, cope with engendered feelings, overcome avoidance, and reinforce accomplishments.
C. The client was reinforced for his/her use of self-dialogue procedures.
D. The client has found significant obstacles to using self-dialogue procedures and was assisted in problem-solving these concerns.

25. Teach Healthy Problem Solving and Communication (25)

A. The client was taught healthy conflict resolution skills (e.g., active listening, using "I" messages, cooperation, compromise, mutual respect).
B. The client reported an increase in using the healthy conflict resolution skills he/she has been taught.
C. The client identified that he/she has regularly been using healthy conflict resolution skills (e.g., active listening, using "I" messages, cooperation, compromise, mutual respect); this experience was reviewed.

D. The client has struggled to implement the use of healthy conflict resolution skills; barriers to this progress were brainstormed.

26. Teach Honest Communication Skills (26)

A. The client was taught about healthy communication skills, including being honest, asking for wants, and sharing feelings.
B. The client was provided with modeling, role-playing, and behavior rehearsal to teach more honest communication skills.
C. The client was reinforced for more honest communication.
D. The client continues to struggle in being straightforward with honesty, asking for wants, and sharing feelings; additional techniques were provided.

27. Teach Assertiveness Skills (27)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client displayed an understanding of the assigned components of assertiveness.
C. The client used a journal to list his/her assertive experiences; his/her journal was processed.
D. The client listed several situations in which he/she has been able to be assertive; these were processed.
E. The client reported that he/she finds it very difficult to implement assertiveness skills; small successes were encouraged.

28. Discuss Lapse versus Relapse (28)

A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was reinforced for his/her ability to respond to a lapse without relapsing.

29. Identify and Rehearse Response to Lapse Situations (29)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of his/her potential lapse situations.
C. The client was reinforced as he/she identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of possible lapse situations, and this resistance was redirected.

30. Encourage Use of Therapy Strategies (30)

A. The client was encouraged to routinely use strategies used in therapy.
B. The client was urged to use cognitive restructuring, social skills, and exposure techniques while building social interactions and relationships.

C. The client was reinforced for his/her regular use of therapy techniques within social interactions and relationships.
D. The client was unable to identify many situations in which he/she has used therapy techniques to help build social interactions and social relationships, and he/she was redirected to seek these situations out.

31. Develop a "Coping Card" (31)

A. The client was provided with a coping card on which specific coping strategies were listed.
B. The client was assisted in developing his/her coping card in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her coping card when struggling with anxiety-producing situations.

32. Identify Unresolved Needs, Wishes, and Wants (32)

A. The client was assisted in identifying, understanding, and verbalizing his/her unresolved needs, wishes, and wants from his/her childhood years.
B. The client was assigned "Corresponding with My Childhood Self" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley & Lenz) to help a variety of needs, wishes, and wants from his/her childhood years.
C. As the client has progressed in therapy, he/she has been helped to identify techniques for resolving his/her childhood needs, wishes, and wants.
D. The client was unable to consistently identify unmet needs, wishes, and wants from his/her childhood years; tentative examples were provided.
E. The client was assisted with developing a written plan to meet each of his/her unmet needs, wishes, and wants.
F. The client has implemented his/her plan to meet unmet needs, wishes, and wants; this was reviewed for successes and failures.
G. The client has struggled to develop a written plan to meet each of his/her unmet needs, wishes, and wants, and was redirected to do so.

33. Assign Books on Childhood Trauma (33)

A. Reading materials relating to traumatic childhood experiences were recommended to the client to assist him/her in developing insight.
B. The client has followed through on reading the recommended childhood trauma material, and his/her insights related to that reading were processed.
C. The client has been able to use the insights from the reading materials on childhood traumas in order to assist in identifying his/her unresolved feelings, wishes, and wants; positive feedback was provided.
D. The client has not followed through on reading the recommended childhood trauma material and was redirected to do so.

34. Teach about a Higher Power (34)

A. The client was presented with information about how faith in a higher power can aid in recovery from childhood trauma issues.

B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client used his/her faith in a higher power to assist in forgiving others and reestablishing self-esteem; the benefits were processed.
D. The client rejected the concept of a higher power; he/she was urged to be open to this concept.

35. View Perpetrators as Wounded Children (35)

A. The client was presented with the concept that perpetrators were often wounded as children, too, and may need to be forgiven and turned over to a higher power.
B. The client was noted to endorse the idea that his/her perpetrator(s) was also a wounded child.
C. The client was noted to endorse the idea that his/her perpetrator needed to be forgiven and turned over to a higher power, in order to escape the client's harboring rage at the perpetrator.
D. The client rejected any idea that his/her perpetrator(s) was wounded as a child and needed to be turned over to a higher power; he/she was urged to remain open.

36. Recommend Books on Forgiveness (36)

A. The client was recommended to read books on the topic of forgiveness.
B. The client was referred to *Forgive and Forget* (Smedes).
C. The client was referred to *When Bad Things Happen to Good People* (Kushner).
D. The client has read the assigned material on forgiveness, and key points were processed.
E. The client has not read books on the topic of forgiveness, and was redirected to do so.

37. Teach Benefits of Forgiveness (37)

A. The client was taught the benefits of forgiveness.
B. The client was asked to identify how he/she has benefited from the process of forgiveness.
C. The client was taught about how releasing hurt and anger, putting an issue in the past, and increasing trust of others can help with forgiveness.
D. The client was reminded that forgiveness does not necessarily mean forgetting or fraternizing with abusive adults.

38. Assign a Letter to Perpetrator (38)

A. The client was assigned to write a letter to the perpetrator that expressed his/her feelings about the abuse.
B. The client has followed through with writing a letter to the perpetrator of the abuse, and processed the content of the letter within the session.
C. The client has decided to send the confrontational letter to the perpetrator of the abuse; his/her expectations were processed.
D. The client has decided to confront the perpetrator in person with the content of the letter he/she had written; his/her expectations were processed.
E. The client has decided against confronting the perpetrator with the content of the letter, and this was accepted.

39. Assign Forgiveness Letter (39)

A. The client was assigned to write a forgiveness letter to the perpetrator of the abuse.
B. The client has written a forgiveness letter to the perpetrator of the abuse, and this was processed within the session.
C. The client has not written the letter to the perpetrator of the abuse, and this resistance was processed.

40. Assist with a Letter to the Parents (40)

A. The client was assigned to write a letter to each parent or primary caregiver, detailing the childhood abuse and sharing what he/she wants from each person in recovery.
B. The client has followed through on writing a letter to each parent or primary caregiver, and has processed this within the session.
C. The client has shared the letter with the appropriate parent or primary caregiver, presenting information about the childhood abuse and sharing what he/she wants from each person in recovery; this experience was processed.
D. The client has not followed through with writing a letter to each parent or primary caregiver, and was redirected to do so.
E. The client has written the letter to each parent or primary caregiver, but has declined to present this to the parent or caregiver; this decision was accepted.

41. Substitute 12-Step Recovery Program for Family (41)

A. The client was presented with the concept of how a home 12-step recovery group can function as a healthy family that the client never had.
B. The client was assisted in realizing why he/she needs a family to assist in recovery.
C. The client was reinforced as he/she displayed acceptance of the idea of using a home group of a 12-step program to assist in recovery.
D. The client was resistant to acknowledging a need for a healthy family; this concept was reinforced.

42. Develop an Aftercare Plan (42)

A. The client was assisted in developing an aftercare plan that will support recovery from childhood trauma and addiction issues, including regular attendance at 12-step program meetings.
B. The client has listed several components of an aftercare program that will support his/her sobriety (e.g., self-help groups and sponsors, family activities, counseling); his/her plan was critiqued.
C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare plan.
D. The client has not followed through on an aftercare program, and was redirected to do so.

43. Re-administer Psychological Instruments (43)

A. The outcome of treatment was assessed via the re-administration of objective tests of childhood trauma effects.
B. The client produced treatment outcome test scores indicating improvement on childhood trauma effects; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating a lack of improvement on childhood trauma effects; these results were presented to the client.

44. Assess Satisfaction (44)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CHRONIC PAIN

CLIENT PRESENTATION

1. Addictive Medications Used to Control Pain (1)*

A. The client has used addictive medication in order to control his/her pain.
B. The client's use of addictive medication has become his/her primary coping skill for his/her pain.
C. The client has abused his/her medications, due to the addictive nature of these medications.
D. As the client has begun to resolve his/her chronic pain issues, his/her use of addictive medications has decreased.
E. The client is not currently using any addictive medications.

2. Coping with Chronic Pain via Addictive Medication (2)

A. The client has experienced chronic pain beyond that which would be expected through the normal healing process and it significantly limits his/her physical activities.
B. The client has not been able to discover ways to manage or decrease his/her pain effectively.
C. The client reported that his/her pain management strategies have been unsuccessful, leading to use of addictive medications as the primary coping skill.
D. The client has increased involvement in physical activities, as he/she has acquired the necessary pain management skills.

3. Generalized Pain (3)

A. The client has complained of pain throughout his/her body and in many joints, muscles, and bones.
B. The client's pain has interfered in his/her daily functioning.
C. The client verbalized fewer complaints about generalized pain and is resuming some normal activities.
D. The client stated that he/she has become significantly less preoccupied with his/her generalized pain and is functioning rather normally.

4. Pain Medication Use (4)

A. The client reported that he/she has become heavily reliant on pain medication, but that in spite of this dependence, he/she experiences little pain relief.
B. The client has increased his/her pain medication use beyond the prescribed level in an attempt to obtain relief.
C. The client has become dependent on the use of medication and may be physiologically addicted.
D. The client has acknowledged his/her overuse of medication and has begun to reduce this dependency and utilize other pain management techniques.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

E. The client has terminated the use of pain medication that was offering little benefit and has found more adaptive ways to regulate pain.

5. Experiences Headaches (5)

A. The client described a history of chronic headache pain that occurs almost daily.
B. The client's headaches produce excruciating pain that interferes with daily functioning.
C. The client reported a reduction in the frequency and severity of his/her headaches.
D. Use of medical and behavioral techniques has virtually eliminated the experience of headaches for the client.

6. Neck or Back Pain (6)

A. The client complained of chronic neck or back pain that extends into the neck.
B. The client's neck or back pain has interfered with his/her normal functioning at work and play.
C. The client has adapted his/her entire life to accommodate his/her neck or back pain.
D. The client's complaints of neck or back pain have been significantly reduced as he/she has found constructive ways to regulate and manage this pain.

7. Fibromyalgia Pain (7)

A. The client has been diagnosed with fibromyalgia, a condition that results in generalized pain and fatigue.
B. The client's entire life has been negatively affected by the fibromyalgia condition.
C. The client is beginning to focus on positive aspects of his/her life and to regulate and manage the fibromyalgia pain.
D. The client has returned to near-normal functioning, in spite of the fibromyalgia condition.

8. Rheumatoid Arthritis (7)

A. The client experiences intermittent severe pain related to the condition of rheumatoid arthritis.
B. The client's rheumatoid arthritis condition has become increasingly severe, resulting in limitations in physical activity and debilitation of psychological functioning.
C. The client is beginning to manage his/her pain more effectively and maximize daily functioning ability.

9. Irritable Bowel Syndrome (7)

A. The client has been diagnosed with irritable bowel syndrome, which results in attacks of severe cramping and pain associated with diarrhea.
B. The client's life has been significantly restricted because of the irritable bowel condition.
C. The client has learned to regulate his/her irritable bowel condition and to maximize his/her daily functioning ability.

10. Decreased Activity (8)

A. The client has significantly decreased or stopped activities related to work, household chores, socialization, exercise, and sexual pleasure because of pain.
B. The client described considerable frustration and depression related to the termination of constructive activity because of his/her pain.

C. As the client has learned to regulate his/her pain more effectively, he/she has increased normal activities.
D. The client has returned to work and is performing household-related chores as pain management has become more effective.
E. The client has increased his/her pleasurable activities related to socialization, exercise, and sexual interaction, as effective pain management has been learned.

11. Depression (9)

A. The client's experience of chronic pain has led to feelings of depression.
B. The client expressed feelings of depression related to his/her inability to perform normal daily activities because of debilitating pain.
C. As the client has learned pain management skills, his/her depression has decreased.
D. The client reported an increase in self-esteem, interest in activities, increased energy, and enjoyment of socialization as his/her pain management has become more effective.

INTERVENTIONS IMPLEMENTED

1. Gather Pain History (1)*

A. A history of the client's experience of chronic pain and his/her associated medical conditions was gathered.
B. Active listening was provided as the client described the nature of his/her pain and explained the causes for it.
C. It was noted that the client does not have a clear understanding of the causes for his/her pain or effective ways to manage it.

2. Explore Pain's Negative Impact (2)

A. The changes in the client's social, vocational, familial, and intimate life that have occurred in reaction to his/her pain were explored.
B. The client was assisted in identifying how the pain has made a negative impact on many types of daily activities.
C. The client was supported as he/she explained the serious debilitating effect that the pain has had on his/her role within the family.
D. The client's emotional reaction to his/her chronic pain was explored.
E. The client was supported as he/she verbalized the mood and attitude changes that have accompanied the experience of chronic pain.
F. It was noted that the client has experienced feelings of depression, frustration, and irritability, which have resulted from the way pain has interfered with his/her life.
G. The client acknowledged that he/she experiences periods of severe depression related to this significant pain and the negative changes that have occurred in his/her life because of it; these emotions were processed.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

3. Refer to Physician (3)

A. The client was referred to a physician to undergo a thorough examination to rule out any undiagnosed condition and to receive recommendations for further treatment options.
B. The client has followed through on the physician evaluation referral and new treatment options were reviewed.
C. The client was encouraged by the prospect of new medical procedures that may offer hope in terms of pain relief; he/she was directed to pursue these options.
D. The client was discouraged to discover that no new medical procedures could offer hope of pain relief; his/her emotions were processed.
E. The client has not followed through on obtaining a new evaluation by a physician, and was encouraged to do so.

4. Discuss Medications with Physician (4)

A. A discussion was held with the physician regarding the use of medications to manage chronic pain, and withdrawal from addictive substances.
B. The client was directed to discuss with his/her physician the use of medications to manage chronic pain, as well as withdrawal from addictive substances.
C. The client was supported for agreeing to a helpful medication regimen, which will manage his/her pain while balancing the need to withdraw from addictive substances.
D. The client has not followed up with his/her physician regarding the balancing of chronic pain management and withdrawal from addictive substances, and was redirected to do so.

5. Refer to Pain Management/Rehabilitation (5)

A. All the necessary arrangements were made for the client to begin treatment at the pain management/rehabilitation program.
B. The client has agreed to follow through on the referral and attend the first appointment at the pain management/rehabilitation program.
C. Release-of-information forms were completed and signed by the client that would allow regular contact with the pain management/rehabilitation staff.
D. Release-of-information forms were forwarded to the pain management staff, and they have agreed to provide regular progress reports.
E. The client has refused to participate in the pain management/rehabilitation effort, and was redirected to use this important resource.

6. Solicit Treatment Commitment (6)

A. The client was asked to make a firm commitment to cooperate with a full regimen of pain management treatment.
B. The client has agreed to cooperate with a full regimen of pain management treatment with specialists in this area; this progress was reinforced.
C. The client has refused to make a commitment to complete pain management treatment; he/she was encouraged to review these resources at a later time.

7. Administer Assessment for Chronic Pain Concerns (7)

A. The client was administered psychological instruments designed to objectively assess chronic pain and substance abuse.

B. The Magill Pain Questionnaire Short Form (MPQ-SF) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–3 (SASSI–3) was administered to the client.
D. The Psychosocial Pain Inventory (PSPI) was administered to the client.
E. The client has completed the assessment of chronic pain and substance abuse, but minimal abuse was identified; these results were reported to the client.
F. The client has completed the assessment of chronic pain and substance abuse, and significant traits of abuse were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of chronic pain and substance abuse concerns, and the focus of treatment was turned toward this defensiveness.

8. Refer for Medication Review (8)

A. The client was referred to a physician who specializes in chronic pain management to obtain a medication review; including the use of LAAM, methadone, and buprenorphine.
B. The client has followed through with attending an appointment with a physician who reviewed his/her medications; the results of this evaluation were discussed.
C. The client has begun taking the new medications prescribed by the physician to regulate the pain, and his/her reaction to the medication was reviewed.
D. The client has not followed through with a referral to a physician for a medication review, and was redirected to do so.
E. Contact was made with the client's physician, who evaluated pain control medications.
F. The client's physician was given a progress report regarding the client's chronic pain management.
G. The client's physician indicated that no further medication options were available to manage the client's pain, which has been reviewed with the client.

9. Teach Pain Ownership (9)

A. The client was assisted in understanding the benefits of accepting his/her pain.
B. The client was defensive in reaction to being told the advantages of accepting the chronic pain as his/her own; he/she was urged to be open to this helpful concept.
C. The client continued to work through his/her tendency to externalize the pain and reject ownership of it; he/she was given feedback about how to take ownership of his/her pain.

10. Join a Pain Management Group (10)

A. The client was referred for cognitive behavioral therapy for pain management.
B. The client was started in a small, closed-enrollment group for pain management.
C. The client has been enrolled in a pain management group as described in *Group Therapy for Patients with Chronic Pain* (Keefe, Beaupre, Gil, Rumble, and Aspnes).
D. The client has engaged in the small group for pain management and his/her experience was reviewed.
E. The client has not enrolled in the pain management treatment group and was redirected to do so.

11. Teach Key Pain Concepts (11)

A. The client was educated regarding various aspects of pain such as rehabilitation versus biological healing; conservative versus aggressive medical interventions; acute versus chronic pain; benign versus non-benign pain; cure versus management; and the role of exercise, medication, and self-regulation techniques.

B. The client was praised as he/she verbalized a good understanding of the key concepts of pain.

C. Comments made by the client were noted to reflect an increasing understanding of the causes and treatment for his/her pain.

D. The client continues to be confused by his/her pain and only talks of finding a way to end it; he/she was redirected to the important concepts regarding his/her pain.

12. Provide Rationale for Treatment (12)

A. The client was taught how treatment can help him/her understand how thoughts, feelings, and behavior can affect pain.

B. The client was taught about how he/she can play a role in managing his/her own pain.

C. The client was reinforced as he/she has embraced the rationale for treatment and the management of his/her own pain.

D. The client has not accepted the rationale for treatment and the concept of managing his/her own pain and was provided with additional feedback in this area.

13. Assign Reading on Cognitive/Behavioral Treatment of Pain (13)

A. The client was assigned to read sections from books or treatment manuals that describe pain conditions and their cognitive-behavioral treatment.

B. The client was assigned to read information from the *Chronic Pain Control Workbook* (Catalano and Hardin).

C. The client has read information from treatment manuals and books about cognitive-behavioral treatment of pain conditions and key concepts were reviewed.

D. The client has not read information about cognitive-behavioral treatment of pain conditions and was redirected to do so.

14. Assign Pain Journal (14)

A. The client was asked to keep a pain journal in which he/she would record the time of day, where and what he/she was doing, the severity of the pain, and what was done to alleviate the pain.

B. The client was assigned to use the "Pain and Stress Journal" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client has followed through on completing the pain journal and his/her journal was reviewed.

D. The material from the client's pain journal was processed to assist him/her in developing insight into triggers for and the nature of his/her pain.

E. Interventions were discussed that could help the client alleviate the frequency, duration, and severity of his/her pain.

F. The client reported that he/she has not kept a pain journal and was redirected to do so.

15. Teach Relaxation Skills (15)

A. The client was taught relaxation skills.
B. The client was taught skills such as progressive muscle relaxation, guided imagery, and slow diaphragmatic breathing.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught how to apply relaxation skills in his/her daily life.
E. The client was taught relaxation skills as described in *Progressive Relaxation Training* (Bernstein and Borkovic).
F. The client has learned how to better discriminate between relaxation and tension and has learned relaxation skills; this progress was reinforced.
G. The client has not learned relaxation skills or how to discriminate between relaxation and tension and was provided with remedial feedback in this area.

16. Arrange for Biofeedback Training (16)

A. The client was referred for biofeedback training to help him/her develop more precise relaxation skills.
B. The client was referred for electromyography **(**EMG) training for muscle tension-related pain.
C. The client was referred for thermal biofeedback for migraine pain.
D. The client was administered biofeedback training to teach him/her more in-depth relaxation skills.
E. The biofeedback training sessions have been helpful in training the client to relax more deeply.
F. The client has not used the skills learned in biofeedback training and was redirected to do so.
G. The client has not attended biofeedback training and was redirected to do so.

17. Identify Application for Biofeedback and Relaxation (17)

A. The client was urged to identify areas in which he/she can implement skills learned through relaxation training.
B. The client was urged to identify areas in which he/she can implement skills learned through biofeedback training.
C. The client was reinforced for his/her use of skills in his/her daily life.
D. The client has not found ways to use relaxation or biofeedback training in his/her daily life and was provided with tentative examples in this area.

18. Assign Somatic Pain Management Skills (18)

A. The client was assigned a homework exercise to implement somatic pain management skills and record the results.
B. The client's record of somatic pain management skills was reviewed within the treatment session.
C. The client was provided with feedback for his/her use of somatic pain management skills.

19. Assign Information about Progressive Muscle Relaxation (19)

A. The client was assigned to read about progressive muscle relaxation and other calming strategies in relevant books or treatment manuals.

B. The client was assigned information from *Progressive Relaxation Training* (Bernstein and Borkovic).
C. The client has read the information about progressive muscle relaxation and other calming strategies and key concepts were reviewed.
D. The client has not read the information on progressive muscle relaxation and other calming strategies and was redirected to do so.

20. Refer for Physical Therapy (21)

A. As the client's pain has been noted to be heterogeneous, he/she has been referred for physical therapy.
B. The client has been involved in physical therapy and his/her experience was reviewed.
C. The client has not sought out involvement in physical therapy and was redirected to do so.

21. Teach Distraction Techniques (21)

A. The client was taught distraction techniques and how to use them with relaxation skills for the management of acute episodes of pain.
B. The client was taught pleasant imagery as a distraction technique.
C. The client was taught counting techniques as a way to distract from chronic pain.
D. The client was taught alternative focal point techniques as a way to supplement relaxation skills for the management of the acute episodes of pain.
E. The client was reinforced for his/her regular use of distraction techniques.
F. The client has not utilized distraction techniques and was redirected to do so.

22. Reinforce Pleasurable Activities (22)

A. The client was assisted in creating a list of activities that give him/her pleasure.
B. The client was assigned "Identify and Schedule Pleasant Activities" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client's list of pleasurable activities was processed and clarified.
D. A plan was developed for the client to increase the frequency of implementation of the selected pleasurable activities.
E. Since implementation of the pleasurable activities, the client has been noted to have an increased sense of well-being.
F. The client has not followed through on creating a list of or implementing pleasurable activities at an increased frequency and was redirected to do so.

23. Explore Schema and Self-Talk (23)

A. The client was assisted in exploring his/her schema and self-talk that mediate the pain response.
B. The client's schema and self-talk were challenged in regard to the biases that promote unhealthy schema and self-talk.
C. The client was assisted in generating thoughts that correct for his/her biases, schema, and self-talk.
D. The client was assisted in developing better coping skills and building confidence in managing pain through the challenge and change of his/her schema and self-talk.

E. The client struggled to identify his/her schema and self-talk and was provided with tentative examples in this area.

24. Assign Replacement of Negative Self-Talk (24)

A. The client was assigned a homework exercise in which he/she identifies negative pain-related self-talk.
B. The client was assigned "Correcting Distorted Thinking" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned to develop positive alternatives for his/her negative pain-related self-talk.
D. The client's modification of pain-related self-talk was reviewed and reinforced.
E. The client has struggled to change his/her negative pain-related self-talk into the positive alternatives and was provided with remedial assistance in this area.

25. Assign Cognitive Restructuring Information (25)

A. The client was assigned to read about cognitive restructuring in relevant books or treatment manuals.
B. The client was assigned to read information from the *Chronic Pain Control Workbook* (Catalano and Hardin).
C. The client has read the assigned information about cognitive restructuring and was assisted in reviewing the key concepts of this technique.
D. The client has not read the assigned information on cognitive restructuring and was redirected to do so.

26. Integrate Pain Management Skills into Daily Activities (26)

A. The client was directed to integrate the pain management skills he/she has learned into a wider range of daily activities.
B. The client was assigned to record how he/she uses relaxation, distraction, activity scheduling, and other pain management skills.
C. The client's use of pain management skills was reviewed; positive feedback was provided as the client displays regular use of pain management skills.
D. The client has not used pain management skills in his/her range of daily activities; he/she was provided with additional feedback in this area.

27. Teach Problem-Solving Skills (27)

A. The client was taught problem-solving skills to apply to the removal of obstacles to implementing new skills.
B. The client's obstacles to implementing pain management skills were problem-solved.
C. The client was reinforced for his/her regular use of problem-solving skills.
D. The client has not learned and implemented problem-solving skills and was redirected to do so.

28. Differentiate between Lapse and Relapse (28)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of pain or old habits that exacerbate pain.

C. A relapse was associated with the persistent return of pain and previous cognitive and behavioral habits that exacerbate pain.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

29. Discuss Management of Lapse Risk Situations (29)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

30. Follow Up on Pain Management Skills (30)

A. The client was assisted in reviewing his/her ongoing use of pain management skills.
B. The client reported regular use of pain management skills and he/she was provided with positive feedback and coaching in this area.
C. The client has not regularly used pain management skills and his/her struggles in this area were problem-solved.

31. Teach the Dance of Pain (31)

A. The client was taught to conceptualize his/her reaction to pain as if it were a dance.
B. The client was assisted in identifying the particular steps of the dance of pain as it moved through his/her life.
C. The client was noted to understand the concept of the dance of pain as applied to his/her life.
D. The client was challenged to alter the steps of his/her present dance that is a reaction to his/her pain.
E. The client was assisted in seeing possible alternative reactions that could change his/her dance of pain.
F. The client has followed through on attempting to change his/her reactions to pain, and was urged to employ this concept.

32. Assign Mind–Body Information (32)

A. Books on the concept of the connection between mind and body were recommended to the client.
B. The client has followed through on reading the mind-body literature that was recommended; key issues were discussed.
C. The client has failed to follow through on the recommended reading on the concept of the mind-body connection, and was redirected to do so.
D. The client was referred to a holistic healing program that could help him/her establish the connection between stress management and pain management.
E. The client accepted the referral to a holistic healing program that integrates mind and body treatment.

F. The client was not open to a referral to a holistic referral healing program, and was urged to reconsider this at a later time.

33. Teach Mind–Body Connection (33)

A. The client was taught the connection between his/her pain and mental states of stress, anger, tension, and depression.
B. The client verbalized an understanding of how mental states of stress can exacerbate his/her physical pain; these concepts were applied to his/her functioning.
C. The client failed to see any connection between psychological states and physical pain, and was provided with remedial information in this area.

34. Teach about Prayer (34)

A. The client was taught about the use of prayer to assist in gaining strength to manage his/her chronic pain.
B. The client was taught about meditation techniques.
C. The client was assisted in identifying how to implement prayer and meditation in his/her daily life.
D. The client has not used prayer or meditation to help manage his/her chronic pain, and was redirected to use these helpful techniques.

35. Encourage Visit with Clergy Person (35)

A. The client was encouraged to meet with his/her clergy person to learn how to turn problems over to a higher power.
B. The client has followed up with the referral to his/her clergy person and reported that he/she has been able to turn over his/her pain to a higher power.
C. The client has not followed up with his/her contact with a clergy person, and was redirected to do so.

36. Develop Positive Attitudes (36)

A. The client was confronted about his/her negative attitudes about pain.
B. The client was assisted in developing more positive, constructive attitudes about his/her pain.
C. The client was resistive to developing positive attitudes that would help him/her manage his/her pain and still enjoy life; he/she was provided with tentative examples in this area.
D. Active listening and support were provided as the client reported that replacement of negative attitudes with those that are more positive about pain and life in general have increased his/her sense of peace and joy.

37. Reinforce Humor (37)

A. The client was assisted in developing his/her sense of humor within his/her daily life.
B. The importance of humor in promoting healing was reviewed.
C. The client was given suggestions about how to increase his/her enjoyment of humor through the use of tapes, books, jokes, or movies on a regular basis.
D. The client was reinforced as he/she reported that the increase in enjoyment of humor has contributed to less focus on pain and a perception of well-being.

E. The client has failed to use the healing power of humor, and was reminded about this important technique.

38. Explore Alternative Medical Procedures (38)

A. Alternative medical procedures such as acupuncture, hypnosis, and therapeutic massage were discussed with the client.
B. The client was assigned "Alternative Methods for Managing Pain" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned "Coping with Addiction and Chronic Pain" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was encouraged to explore alternative medical procedures for their beneficial effects on his/her management of pain.
E. The client reported following through on the use of alternative medical procedures; the benefits of these techniques were reviewed.
F. The client reported that the use of alternative medical procedures has not been beneficial to help him/her manage pain; his/her continued use of the techniques was reviewed.

39. Refer to Dietician (39)

A. The client was referred to a dietician for a consultation about his/her eating and nutritional patterns.
B. The client has followed through on the referral to a dietician to consult about eating and nutritional patterns.
C. The client has not followed through on the dietician referral, and was redirected to do so.
D. The results of the dietician consultation were processed.
E. The client was assisted in identifying changes that he/she is beginning to implement regarding eating and nutritional patterns.
F. The client reported that the changes in his/her diet have helped to promote health and fitness; the benefits of these changes were reinforced.
G. The client has not followed through on implementing the changes recommended by the dietician, and was redirected to do so.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of chronic pain effects.
B. The client produced treatment outcome test scores indicating improvement on chronic pain effects; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on the effects of chronic pain; these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

CONDUCT DISORDER/DELINQUENCY

CLIENT PRESENTATION

1. Failure to Comply (1)*

A. The client has demonstrated a persistent failure to comply with the rules or expectations at home, at school, and in the community.
B. The client voiced his/her opposition to the rules at home and school.
C. The client has started to comply with the rules and expectations at home, at school, and in the community.
D. The client verbalized his/her willingness to comply with the rules and expectations at home, at school, and in the community.
E. The client has consistently complied with the rules and expectations at home, at school, and in the community.

2. Aggressive/Destructive Behaviors (2)

A. The client described a series of incidents where he/she became aggressive or destructive when upset or frustrated.
B. The client projected the blame for his/her aggressive/destructive behaviors onto other people.
C. The client has begun to take steps to control his/her hostile/aggressive impulses.
D. The client has recently demonstrated good self-control and has not engaged in any aggressive or destructive behaviors.

3. Angry/Hostile (2)

A. The client appeared angry, hostile, and irritable during today's session.
B. The client reported incidents of becoming easily angered over trivial matters.
C. The client has recently exhibited frequent angry outbursts at home and school.
D. The client has recently exhibited mild improvements in his/her anger control.
E. The client has demonstrated good control of his/her anger and has not exhibited any major loss-of-control episodes.

4. Stealing (3)

A. The client has a history of stealing and/or breaking and entering illegally into others' places of residence or businesses.
B. The client has recently engaged in stealing or illegal breaking and entering.
C. The client has stolen from others in his/her home.
D. The client has stolen from others in the school setting.
E. The client has not engaged in any stealing or illegal breaking and entering in the recent past.
F. The client has ceased stealing or illegally breaking and entering into places of residence or businesses.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Legal Conflicts (3)

A. The parents reported an extensive history of the client engaging in illegal antisocial behaviors.
B. The client has continued to break laws and has failed to learn from his/her past mistakes or experiences.
C. The client has often minimized the seriousness of his/her offenses against other people or the law.
D. The client verbalized an awareness that his/her antisocial behavior has produced negative or undesirable consequences for himself/herself and others.
E. The client and parents reported a reduction in the frequency and severity of illegal behaviors.

6. School Behavior Problems (4)

A. A review of the client's history revealed numerous acting out and rebellious behaviors in the school setting.
B. The client has often disrupted the classroom with his/her silly, immature, or negative attention-seeking behaviors.
C. The client has missed a significant amount of time from school due to truancy.
D. The client has had frequent conflicts with authority figures in the school setting.
E. The client has started to exercise greater self-control in the classroom setting.
F. The client has recently demonstrated a significant reduction in the frequency of his/her acting out or rebellious behaviors at school.

7. Authority Conflicts (5)

A. The client displayed a negative attitude and was highly argumentative during today's therapy session.
B. The client has often tested the limits and challenged authority figures at home, at school, and in the community.
C. The client has often talked back to authority figures in a disrespectful manner when reprimanded.
D. The client has recently been more cooperative with authority figures.
E. The client has been cooperative and respectful toward authority figures on a consistent basis.

8. Thrill Seeking (6)

A. The client historically has presented as a highly impulsive individual who seeks immediate gratification of his/her needs and often fails to consider the consequences of his/her actions.
B. The client has engaged in impulsive/thrill-seeking behaviors in order to achieve a sense of excitement and fun.
C. The client has begun to take steps toward improving his/her impulse control and delaying the need for immediate gratification.
D. The client has recently demonstrated good impulse control and has not engaged in any serious acting out or antisocial behaviors.
E. The client has ceased engaging in acting out or thrill-seeking behaviors because of his/her improved ability to stop and think about the possible consequences of his/her actions.

9. Lying/Conning (7)

A. The client described a pattern of lying, conning, and manipulating others to meet his/her needs and avoid facing the consequences of his/her actions.
B. The client appeared to be lying in the therapy session about his/her misbehaviors or irresponsible actions.
C. The client was honest in the therapy session and admitted to his/her wrongdoing or irresponsibility.
D. The parents reported that the client has been more honest and accepting of their decisions at home.

10. Blaming/Projecting (8)

A. The client was unwilling to accept responsibility for his/her poor decisions and behaviors, instead blaming others for his/her decisions and actions.
B. The client has begun to accept greater responsibility for his/her actions and placed the blame less often for his/her wrongdoings onto other people.
C. The client admitted to his/her wrongdoings and verbalized an acceptance of responsibility for his/her actions.

11. Lack of Remorse/Guilt (9)

A. The client expressed little or no remorse for his/her irresponsible, acting out, or aggressive behaviors.
B. The client expressed remorse for his/her actions, but apparently only because he/she had been caught and suffered the consequences of his/her actions.
C. The client appeared to express genuine remorse or guilt for his/her misbehavior.

12. Insensitivity/Lack of Empathy (10)

A. The client displayed little concern or empathy for the thoughts, feelings, and needs of other people.
B. The client has often demonstrated a willingness to ride roughshod over the rights of others to meet his/her needs.
C. The client verbalized an understanding of how his/her actions negatively impacted others.
D. The client has demonstrated empathy and sensitivity to the thoughts, feelings, and needs of other people.

13. Sexual Promiscuity (11)

A. The client reported a history of having multiple sexual partners where there has been little or no emotional attachment.
B. The client displayed little awareness or concern for the possible consequences (e.g., unwanted pregnancy, contracting sexually transmitted diseases) of his/her irresponsible or promiscuous behavior.
C. The client verbalized an awareness of the negative consequences or potential dangers associated with his/her sexually promiscuous behavior.
D. The client has demonstrated good control over his/her sexual impulses and has not engaged in any risky or irresponsible sexual behavior.

14. Use of Mood-Altering Substances (12)

A. The client reported frequently using mood-altering substances until intoxicated or high.
B. The client indicated that on at least two occasions he/she was caught high or drunk.
C. The client's friends, family, and others have confronted him/her or expressed concern about his/her substance use.
D. The client has ceased all substance use and has admitted that it was a problem.

15. Gang Involvement (13)

A. The client has been identified as a gang member.
B. The client reports participation in gang membership and associated activities.
C. The client has identified the need to break away from the gang setting.
D. The client has discontinued affiliation with the gang.

INTERVENTIONS IMPLEMENTED

1. Assess Anger Dynamics (1)*

A. The client was assessed for various stimuli that have triggered his/her anger.
B. The client was helped to identify situations, people, and thoughts that have triggered his/her anger.
C. The client was assisted in identifying the thoughts, feelings, and actions that have characterized his/her anger responses.

2. Refer for Physical Examination (2)

A. The client was referred to a physician for a complete physical examination to rule out organic contributors (e.g., brain damage, tumor, elevated testosterone levels) to his/her anger.
B. The client has complied with the physical examination, and the results were shared with him/her.
C. The physical examination has identified organic contributors to poor anger control, and treatment was suggested.
D. The physical examination has not identified any organic contributors to poor anger control, and this was reflected to the client.
E. The client has not complied with the physical examination to assess organic contributors, and he/she was redirected to do so.

3. Provide Psychological Testing (3)

A. A psychological evaluation was conducted to determine whether ADHD or emotional factors are contributing to the client's impulsivity and acting out behaviors.
B. The client was uncooperative and resistant to engaging in the evaluation process.
C. The client approached the psychological testing in an honest, straightforward manner and was cooperative with any requests.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

D. Feedback from the psychological testing was given to the client, parents, school officials, or criminal justice officials and appropriate interventions were discussed.

4. Refer for Substance Abuse Evaluation (4)

A. The client was referred for a substance abuse evaluation to assess the extent of his/her drug/alcohol usage and determine the need for treatment.

B. The findings from the substance abuse evaluation revealed the presence of a substance abuse problem and the need for treatment.

C. The evaluation findings did not reveal the presence of a substance abuse problem or the need for treatment in this area.

5. Consult with Criminal Justice Officials (5)

A. A consultation was held with criminal justice officials about the need for appropriate consequences for the client's antisocial behavior.

B. The client was placed on probation for his/her antisocial behaviors and instructed to comply with all the rules pertaining to his/her probation.

C. The client was encouraged as he/she agreed to make restitution and/or perform community service for his/her past antisocial behavior.

D. The client was placed in an intensive surveillance treatment program as a consequence of his/her antisocial behavior.

6. Review Alternative Placement (6)

A. Consultation was held with parents, school officials, and criminal justice officials about placing the client in an alternative setting because of his/her antisocial behavior.

B. It is recommended that the client be placed in a juvenile detention facility as a consequence of his/her antisocial behavior.

C. It is recommended that the client be placed in a foster home to help prevent recurrences of antisocial behavior.

D. The recommendation was made that the client be placed in a residential program to provide external structure and supervision for the client.

E. The recommendation was made that the client be placed in an inpatient substance abuse program.

7. Reinforce Legal Consequences (7)

A. The parents were encouraged and challenged not to protect the client from the legal consequences of his/her actions.

B. The parents agreed to contact the police or appropriate criminal justice officials if the client engages in any future antisocial behavior; they were reinforced for this decision.

C. The parents followed through and contacted the police or probation officer after the client engaged in antisocial behavior; they were supported for this decision.

D. The parents failed to contact the police and/or criminal justice officials after the client engaged in antisocial behavior, and the reasons for this were processed.

8. Medication Evaluation Referral (8)

A. The client was referred for a medication evaluation to improve his/her impulse control and stabilize moods.

B. The client and parents agreed to follow through with a medication evaluation.
C. The client was strongly opposed to being placed on medication to help improve his/her impulse control and stabilize moods.
D. The client's response to the medication was discussed.
E. The client reported that medication has helped to improve impulse control and stabilize moods.
F. The client reports little or no improvement from the medication.
G. The client has not complied with taking his/her medication on a regular basis and was encouraged to do so.

9. Build Therapeutic Trust (9)

A. An attempt was made to build trust with the client in therapy sessions through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
B. The client's concerns were listened to closely, and his/her feelings were reflected in a nonjudgmental manner.
C. Thoughts and feelings expressed by the client during the therapy session were supported empathetically.
D. The client's mistrustfulness has contributed to his/her reluctance to share underlying thoughts and feelings during the therapy sessions; he/she was reminded to share these thoughts as he/she is able.

10. Confront Antisocial Behavior (10)

A. The client was firmly and consistently confronted with how his/her antisocial behaviors negatively affect himself/herself and others.
B. The client was assigned to read "My Behavior and Its Full Impact" from the *Adolescent Psychotherapy Homework Planner,* 2nd ed. (Jongsma, Peterson, and McInnis).
C. The client was directed to complete the "Patterns of Stealing" exercise from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
D. The client was asked to list the negative consequences of his/her antisocial behavior and negative attitude.
E. Role-reversal techniques were used in the therapy session to help the client realize how his/her antisocial behavior negatively impacts others.
F. The client was asked to write a letter of apology to the victim(s) of his/her antisocial behavior.

11. Teach Acceptance of Responsibility (11)

A. The client was consistently confronted and challenged to cease blaming others for his/her misbehavior and accept greater responsibility for his/her actions.
B. The client was asked to list how his/her poor decisions and irresponsible behavior resulted in negative consequences for himself/herself and others.
C. The client was praised as he/she identified ways to resolve conflict and/or meet his/her needs that were more effective than acting out or behaving in an irresponsible manner.
D. The client was instructed to verbally acknowledge his/her wrongdoing and apologize to others.

12. Explore Blaming (12)

A. The underlying factors contributing to the client's pattern of blaming others for his/her misbehavior were explored.
B. The client was challenged to accept the consequences of his/her actions instead of arguing and blaming others.
C. The client identified how the pattern of blaming others is associated with underlying feelings of low self-esteem, inadequacy, and insecurity, and this was processed.
D. The client has modeled other family members' patterns of blaming others.
E. The parents identified natural, logical consequences (e.g., grounding, removing privileges, taking away desired objects) that can be used if the client is caught in a lie, and they were supported for this.

13. Reconceptualize Anger (13)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, which lead to increased arousal and anger, which lead to acting out.
E. The client displayed a clear understanding of the ways to conceptualize anger, and he/she was provided with positive reinforcement.
F. The client has struggled to understand the ways to conceptualize anger, and he/she was provided with remedial feedback in this area.

14. Identify Positive Consequences of Anger Management (14)

A. The client was asked to identify the positive consequences he/she has experienced in managing his/her anger.
B. The client was assisted in identifying positive consequences of managing anger (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was asked to agree to learn new ways to conceptualize and manage anger.

15. Teach Calming and Coping Strategies (15)

A. The client was assigned to read about calming and coping strategies in books or treatment manuals.
B. The client was assisted in learning specific calming and coping strategies.
C. The client has read the information about calming and coping strategies, and key points were reviewed.
D. The client was assisted in developing specific ways that he/she can implement calming and coping strategies.
E. The client has not read the information about calming and coping strategies, and he/she was redirected to do so.

16. Explore Self-Talk (16)

A. The client's self-talk that mediates his/her angry feelings was explored.
B. The client was assessed for self-talk such as demanding expectations, reflected in "should," "must," or "have to" statements.
C. The client was assisted in identifying and challenging his/her biases and in generating alternative self-talk that corrects for the biases.
D. The client was taught how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

17. Assign Thought-Stopping Technique (17)

A. The client was directed to implement a thought-stopping technique on a daily basis between sessions.
B. The client was assigned to read "Making Use of the Thought-Stopping Technique" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for his/her successful use of the thought-stopping technique.
E. The client was provided with corrective feedback to help improve his/her use of the thought-stopping technique.

18. Teach Assertive Communication (18)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client displayed increased assertiveness and was provided with positive feedback in this area.
D. The client has not increased his/her level of assertiveness and was provided with additional feedback in this area.

19. Teach Conflict Resolution Skills (19)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I" messages, respectful communication, assertiveness without aggression, and compromise.
D. The client was reinforced for his/her clear understanding of the conflict resolution skills.
E. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

20. Construct Strategy for Managing Anger (20)

A. The client was assisted in constructing a client-tailored strategy for managing his/her anger.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to his/her needs.
C. The client was reinforced for his/her comprehensive anger management strategy.

D. The client was redirected to develop a more comprehensive anger management strategy.

21. Select Challenging Situations for Managing Anger (21)

A. The client was provided with situations in which he/she may be increasingly challenged to apply his/her new strategies for managing anger.
B. The client was asked to identify his/her likely upcoming challenging situations for managing anger.
C. The client was urged to use his/her strategies for managing anger in successively more difficult situations.

22. Assign Anger Control Homework (22)

A. The client was assigned homework exercises to help him/her practice newly learned calming, assertion, conflict resolution, or cognitive restructuring skills.
B. The client was assigned the "Anger Control" exercise from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
C. The client has practiced the anger management skills, and his/her experience was reviewed and processed with the goal of consolidation of such skills.
D. The client has not regularly practiced anger control skills and was redirected to do so.

23. Monitor/Decrease Outbursts (23)

A. The client's reports of angry outbursts were monitored with the goal of decreasing their frequency, intensity, and duration.
B. The client was urged to use his/her new anger management skills to decrease the frequency, intensity, and duration of his/her anger outbursts.
C. The client was assigned to read "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
D. The client's progress in decreasing his/her angry outbursts was reviewed.
E. The client was reinforced for his/her success at decreasing the frequency, intensity, and duration of his/her anger outbursts.
F. The client has not decreased the frequency, intensity, or duration of his/her anger outbursts, and corrective feedback was provided.

24. Encourage Disclosure (24)

A. The client was encouraged to discuss his/her anger management goals with trusted persons who are likely to support his/her change.
B. The client was assisted in identifying individuals who are likely to support his/her change.
C. The client has reviewed his/her anger management goals with trusted persons, and their response was processed.
D. The client has not discussed his/her anger management goals and was redirected to do so.

25. Use Parent Management Training (25)

A. Parent Management Training was used, as developed in *Living with Children* (Patterson).
B. The parents were directed to read *Parenting the Strong-Willed Child* (Forehand and Long).
C. The parents were taught how parent–child behavioral interactions can encourage or discourage positive or negative behavior.

D. The parents were taught how changing key elements of parent–child interactions can promote positive change.
E. The parents were provided with specific examples, such as how prompting and reinforcing positive behaviors can be used to promote positive change.
F. The parents were provided with positive feedback for the use of Parent Management Training approaches.
G. The parents have not used the Parent Management Training approach and were redirected to do so.

26. Teach Parents to Define Aspects of Situation (26)

A. The parents were taught how to specifically define and identify problem behaviors.
B. The parents were taught how to specifically identify their reactions to the behavior and determine whether the reaction encourages or discourages the behavior.
C. The parents were taught to generate alternatives to the problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify problem behaviors, reactions, responses, and alternatives.

27. Teach Consistent Parenting (27)

A. The parents were taught how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate roles for acceptable and unacceptable behavior.
C. The parents were taught about prompting positive behavior and using positive reinforcement.
D. The parents were taught about clear, direct instruction as well as time out and other loss-of-privilege techniques for problem behavior.
E. The parents were provided with positive feedback, as they have been able to develop consistent parenting practices.
F. The parents have not developed consistent parenting practices, and they were redirected to do so.

28. Assign Home Exercises to Implement Parenting Techniques (28)

A. The parents were assigned home exercises in which they implement parenting techniques and record the results of the implementation exercises.
B. The parents were assigned to read "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

29. Assign Parent Training Manuals (29)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *Parenting through Change* (Forgatch).
C. The parents were directed to watch videotapes/DVDs demonstrating the techniques used in parent training sessions.
D. The parents' study of pertinent media was reviewed and processed.
E. The parents have not reviewed the assigned pertinent media and were redirected to do so.

30. Develop Reward System/Contingency Contract (30)

A. The client and parents were assisted in compiling a list of rewards to reinforce desired, positive behavior by the client.
B. A reward system was designed to reinforce positive behavior and deter impulsive or aggressive acts.
C. The client signed a contingency contract prepared to specify the consequences for his/her impulsive/acting out behavior.

31. Expose Family Abuse History (31)

A. The client's family background was explored for a history of neglect or physical or sexual abuse.
B. The client's parents were confronted and challenged to cease physically abusive or overly punitive methods of discipline.
C. An apology from the parents to the client for abusive behaviors and overly harsh methods of discipline was coordinated.
D. The abuse was reported to the appropriate agency.
E. A recommendation was made about which family members should be removed from the home and seek treatment.
F. Necessary steps were identified to minimize the risk of abuse occurring in the future.
G. The nonabusive parent verbalized a commitment to protect the client and siblings from physical abuse in the future; the importance of this role was emphasized.

32. Explore Feelings about Neglect or Abuse (32)

A. The client was given the opportunity in session to express his/her feelings about past neglect, abuse, separation, or abandonment.
B. The client shared the extent of contact with the absent or uninvolved parent in the past and was encouraged to discuss possible reasons for the lack of involvement.
C. The client was instructed to use a journal to record his/her thoughts and feelings about past neglect, abuse, separation, or abandonment.
D. The empty-chair technique was employed to facilitate expression of feelings surrounding past neglect or abuse.
E. The client was instructed to write a letter to the absent parent to express and work through feelings about abandonment or lack of contact.
F. The empty-chair technique was utilized to help the client express his/her feelings toward the absent parent.

G. The client has been reluctant to explore feelings about neglect and abuse and was urged to process these feelings as he/she feels capable of doing so.

33. Teach Empathy (33)

A. Role-playing and role-reversal techniques were used to increase the client's sensitivity to how antisocial behaviors affect others.
B. The client was able to verbally recognize how his/her antisocial behaviors affect others through use of role-playing and role-reversal techniques.

34. Assign Altruistic Acts (34)

A. The client was given the homework assignment of performing three altruistic or benevolent acts before the next therapy session to increase his/her empathy and sensitivity to the thoughts, feelings, and needs of others.
B. A recommendation was made that the client perform community service as part of probation to increase empathy and concern for the welfare of others.
C. The client's failure to comply with the homework assignment that he/she perform altruistic or benevolent acts was noted to reflect his/her lack of empathy and concern for the welfare of others.

35. Assign Empathy Homework (35)

A. The client was assigned homework to increase his/her empathy and sensitivity toward the thoughts, feelings, and needs of others.
B. The client was assigned the "Headed in the Right Direction" exercise from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis) as homework to help increase his/her empathy and sensitivity toward the thoughts, feelings, and needs of others.
C. After completing the "Headed in the Right Direction" exercise, the client was able to identify three ways in which he/she could demonstrate caring behavior toward others.
D. The client has not completed the homework assignment regarding increasing empathy and sensitivity, and he/she was redirected to do so.

36. Assign Household Tasks (36)

A. The client and parents were assisted in developing a list of responsible behaviors that the client could perform at home.
B. The parents placed the client in charge of tasks at home to demonstrate confidence in his/her ability to act responsibly; the results of this risk were reviewed.

37. Refer for Vocational Training (37)

A. The client was referred for a vocational assessment.
B. The recommendation was made that the client receive vocational training to develop basic job skills that will hopefully lead to steady employment.
C. The client has not participated in vocational training and was redirected to do so.

38. Encourage Seeking of Employment (38)

A. The client was challenged to find employment instead of obtaining money or material goods through illegal activities.

B. The client was praised and reinforced for securing employment.
C. The client explored the factors that contribute to his/her reluctance to obtain employment, and these were processed.

39. Provide Sex Education (39)

A. The client was provided with sex education in an attempt to eliminate his/her pattern of engaging in sexually promiscuous behaviors.
B. The client identified the risks involved with his/her irresponsible or promiscuous sexual behaviors and was encouraged to give weight to these.
C. The client was assisted in exploring the factors contributing to his/her sexually irresponsible or promiscuous behaviors.
D. The client was helped to identify more effective ways to meet his/her needs instead of through sexually acting out.
E. The client's irrational thoughts that underlie his/her sexually promiscuous behaviors were explored and processed.

40. Assess Marital Conflicts (40)

A. The therapist assessed the marital dyad for possible conflict and/or triangulation that places the focus on the client's acting out behaviors and away from marital problems.
B. The couple recognized that their marital problems are creating stress for the client and agreed to seek marital counseling.
C. The couple refused to follow through with a recommendation to pursue marital counseling and were urged to reconsider this.

41. Re-administer Psychological Instruments (41)

A. The outcome of treatment was assessed via the re-administration of objective tests of conduct disorder characteristics.
B. The client produced treatment outcome test scores indicating improvement on conduct disorder characteristics; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on the conduct disorder characteristics; these results were presented to the client.

42. Assess Satisfaction (42)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DANGEROUSNESS/LETHALITY

CLIENT PRESENTATION

1. Low Frustration Tolerance (1)*

A. The client is easily frustrated by minor issues.
B. The client displays poor impulse control when frustrated.
C. The client has become violent due to his/her low frustration tolerance.
D. The client has increased his/her ability to cope with frustrating situations, displaying better impulse control and decreasing violent episodes.

2. Dangerous Abuse of Mood-Altering Substances (2)

A. The client abuses mood-altering substances, in spite of many negative consequences.
B. The client abuses mood-altering substances despite the serious, dangerous effects to himself/herself.
C. The client displays little regard for the ways in which his/her mood-altering substance abuse affects himself/herself or others.
D. The client has decreased his/her use of mood-altering substances, which has decreased the negative, dangerous consequences.

3. Substance Abuse to Cover up Negative Emotions (3)

A. The client uses substances in order to cope with negative emotions.
B. The client has attempted to cover up his/her anger through substance use.
C. The client has attempted to cover up his/her hurt through substance use.
D. The client has attempted to cover up his/her embarrassment through substance use.
E. The client has attempted to cover up his/her frustration through substance use.
F. The client has become more able to cope with negative emotion and has decreased his/her substance abuse.

4. Poor Anger Management Skills (4)

A. The client displays a history of explosive, aggressive outbursts, particularly when intoxicated.
B. The client displays a pattern of angry overreaction to perceived disapproval, rejection, or criticism.
C. The client tends to passively withhold feelings, then explodes in a violent rage.
D. The client has developed better anger management skills, and has decreased his/her outbursts, overreactions, or explosions.

5. Aggressive and Uncooperative (5)

A. The client often acts in an aggressive manner as a means to achieve power and control over others.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client is often uncooperative with authority figures and peers.
C. The client has a consistent pattern of challenging or disrespecting authority figures.
D. The client has become more cooperative with authority figures and peers.

6. Disregard for Authority Figures (6)

A. The client often refuses to listen to his/her parents about their concerns.
B. The client often disregards the directives of authority figures.
C. The client is quite focused on his/her own needs, with little regard for family members or authority figures.
D. The client has begun to be more open to concerns from others.
E. The client regularly makes a point to seek out advice and direction from parents or other authority figures.

7. Attempted Suicide or Homicide (7)

A. The client has attempted to take his/her own life.
B. The client has attempted to kill others.
C. The client's attempts to cause harm were quite serious.
D. The client denies any current active thoughts about suicide or homicide.
E. The client denies any desire to kill himself/herself or any others.

8. Physical Threats (8)

A. The client has made threats of physical harm to himself/herself.
B. The client has made threats of physical harm to others.
C. The client often uses threats of physical harm in order to manipulate others.
D. As the client's addictive behavior has decreased, his/her threats of physical harm have also decreased.

9. Violence Exacerbated by Mood-Altering Substances (9)

A. The client's pattern of violence appears to escalate when he/she is under the influence of a mood-altering substance.
B. The client is much more dangerous in regard to violent actions when he/she has been using mood-altering substances.
C. The client's pattern of violence has decreased as his/her pattern of mood-altering substance use has decreased.

INTERVENTIONS IMPLEMENTED

1. Elicit a Promise of No Self-Injurious Behavior (1)*

A. The client was asked to make a verbal commitment that he/she will initiate contact with the therapist or other staff members if the suicidal urge becomes strong, and before any self-injurious behavior occurs.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client was asked to sign a suicide prevention contract that stipulated that he/she would contact the therapist or some other emergency helpline if the serious urge toward self-injury arises.
C. The client was reinforced as he/she has committed to not engage in any self-injurious behavior.
D. The client has not committed to refrain from any self-injurious behavior, and additional steps were taken to ensure his/her safety.

2. Review Rules of Treatment (2)

A. The client was asked to read the rules of treatment.
B. The rules of treatment were read to the client.
C. A request was made that the client sign a statement indicating that he/she will abide by all of the rules of treatment.
D. The client was reinforced for his/her willingness to sign an agreement to abide by all of the treatment program rules.
E. The client declined to sign any agreement about adherence to treatment program rules, and the focus of treatment was moved to this resistance.

3. Refer for Medical Evaluation (3)

A. The client was referred to a physician for a medical evaluation.
B. The assessing clinician was encouraged to identify the effects of the client's substance abuse.
C. The examining clinician was asked to focus on organic or neurological basis for violence.
D. The examining clinician was urged to identify the appropriate need for psychotropic medication.
E. The client has complied with the examination, and the results of this assessment were relayed to the client.
F. The client has declined to be involved in a medical or psychiatric evaluation, and the focus of treatment was moved to this resistance.

4. Monitor Medication Effectiveness and Side-Effects (4)

A. The client has taken medications prescribed by his/her physician, and the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial, and this feedback was related to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial, and this information has been related to the prescribing clinician.
D. The client identified side effects of the medication, and this information was related to the prescribing clinician.
E. The client has not consistently taken the prescribed medications, and has been redirected to do so.

5. Complete Biopsychosocial Evaluation (5)

A. A biopsychosocial evaluation was completed.
B. The client was asked about his/her experience of family history of violence and substance abuse.

C. The client was asked about his/her childhood history of violence, chemical dependence, and social relationships.
D. The client has been cooperative as the biopsychosocial evaluation has been conducted.
E. The client was not cooperative with the biopsychosocial evaluation, and was redirected in this area.

6. Obtain Family Input (6)

A. The client's family members were requested to provide their perspective on the client's substance abuse and violence.
B. It was reflected to the client that his/her family identified a clear connection between the client's substance abuse and his/her violent behavior.
C. Family members were questioned about the client's pattern of substance abuse and violence, but tended to downplay these concerns.
D. The client would not allow family members to be contacted about his/her substance abuse and violence, and his/her wishes were respected.
E. The client's family members were contacted about the client's substance abuse and violence concerns, but declined to cooperative with this portion of the assessment.

7. Administer Psychological Instruments (7)

A. The client was administered psychological instruments designed to objectively assess violence toward self and others.
B. The client was administered the Beck Scale for Suicidal Ideation (BSS).
C. The client was administered the Domestic Violence Inventory (DVI).
D. The client has completed the psychological instruments designed to objectively assess violence toward self and others, and feedback was provided regarding the results of the assessment.
E. The client has not completed the psychological instruments designed to objectively assess violence toward self and others, and the focus of treatment was switched to this resistance.

8. Identify Somatic Feelings (8)

A. The client was requested to identify the somatic feelings that accompany feelings of hurt, fear, and anger.
B. The client was assigned "Is My Anger Due to Feeling Threatened?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned "Is My Anger Due to Unmet Expectations?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client has not completed the assignment regarding anger etiology, and was redirected to do so.
E. The client was assisted in identifying the somatic feelings that accompany emotions of hurt, fear, and anger.
F. The client was assessed for how he/she copes with somatic sensations and emotions.
G. The client struggled to identify somatic feelings that accompany emotions of hurt, fear, and anger, and was provided with tentative examples in this area.

9. Assess Dangerousness of Suicidal Ideation (9)

A. The client was asked about the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, a history of any previous suicide attempts, and a family history of depression or suicide.
B. The client was assessed in regard to his/her access to means of harm, strengths of feelings of hopelessness or hurt related to a relationship disillusion, and other risk factors for suicide.
C. The client was encouraged to be forthright regarding the current strength of suicide feelings and the ability to control such urges.
D. The client's suicide urges were assessed to be present, but under his/her control.
E. The client's suicide urges were assessed to be quite serious, and he/she is at risk of following through with the suicide urges.
F. The client was referred for inpatient treatment due to his/her suicide urges and risk factors.
G. The client has been noted to have a decrease in his/her pattern of suicide ideation.

10. Assess Strength of Urge to Harm Others (10)

A. The client was asked to describe the strength of his/her urge to harm others, degree of plan development, and the threats that he/she has made.
B. The client was assessed in regard to his/her level of relationship conflict, possessiveness or stalking of a victim, criminal history, and restraining orders.
C. The client's homicidal urges were assessed to be present, but under his/her control.
D. The client's homicidal urges were assessed to be quite serious, and he/she is at risk of following through with these urges; warnings were provided to identified potential victims in accordance with agency policy and local legal expectations.
E. The client has identified a decrease in his/her pattern of homicidal ideation.

11. List Coping Skills for Angry Feelings (11)

A. The client was assigned to make a list of five things he/she could do to cope with angry feelings.
B. The client was assisted in identifying five things that he/she can do when feeling angry, to cope with angry feelings.
C. The client was provided with tentative examples of how he/she can cope with angry feelings (e.g., relaxing using deep breathing; processing the situation to stop, think, and plan accurately; separating from the situation to give the client time to calm down before responding).

12. Assign Journal with Subjective Units of Distress (12)

A. The client was assigned to keep an anger journal, using subjective units of distress as a measurement of the intensity of the dangerousness/lethal feelings.
B. The client was directed to give his/her anger a subjective unit of distress score from 1 (as little anger as possible) to 100 (as much anger as possible).
C. The client's anger journal was reviewed.
D. The client's subjective units of distress were noted to have very little variation, and he/she was encouraged to identify how these situations may be different from each other.
E. The client has not kept an anger journal, and he/she was redirected to do so.

13. Review Anger Journal (13)

A. The client's anger journal was reviewed.
B. The client was assisted in processing situations that stimulate strong anger.
C. The client was provided with coping behaviors for his/her situations that stimulate strong anger.

14. Teach Relaxation Techniques (14)

A. The client was taught to use progressive relaxation techniques.
B. The client was assigned "Safe and Peaceful Place Meditation" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was asked to rate his/her level of relaxation on a scale of 1 to 10.
D. The client's use of relaxation techniques was processed.
E. The client has not used progressive relaxation techniques, and was redirected to do so.

15. Encourage Exercise (15)

A. In accordance with fitness levels and physician approval, the client was urged to participate in exercise for at least 20 minutes each day.
B. The client was reinforced for his/her success at implementing regular exercise.
C. The client's failure to implement regular exercise was redirected.

16. Explore Family-of-Origin Issues (16)

A. The client was asked about his/her family-of-origin issues that may have led to dangerous, lethal behaviors.
B. The client was questioned about physical abuse, abandonment, sexual abuse, gang affiliation, parental chemical dependence, and other issues that may have led to dangerous, lethal behaviors.
C. The client was assigned the "Understanding Family History" exercise in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was assisted in processing his/her family-of-origin issues that may have led to dangerous, lethal behaviors.
E. Although the client was asked about issues that may have led to dangerous, lethal behaviors, he/she denied any such issues.

17. Focus on Connection between Lethal Behaviors and Substance Abuse (17)

A. The client was asked to make a list of five ways in which dangerous, lethal behaviors have led to substance abuse.
B. The client was reinforced as he/she identified ways in which dangerous, lethal behaviors contributed to substance abuse.
C. The client was directed to share with the group how dangerous, lethal behaviors have contributed to substance abuse.
D. The client was unable to identify ways in which dangerous, lethal behaviors have contributed to substance abuse, and was provided with tentative examples in this area.

18. List How Substance Abuse Contributes to Lethal Behavior (18)

A. The client was asked to list five ways that substance abuse contributes to lethal behaviors.

B. Active listening was provided as the client identified ways in which the substance abuse has contributed to his/her lethal behaviors.
C. The client struggled to identify how substance abuse contributes to lethal behaviors, and was provided with tentative examples (e.g., a deepening of depression and shame, a reduction of inhibition to reason with self and others).

19. Focus on Powerlessness and Unmanageability (19)

A. Discussion was held regarding the meaning of powerlessness and unmanageability (i.e., Step One exercise).
B. The client was asked to focus on how an understanding of powerlessness and unmanageability can be used to manage dangerous, lethal behaviors.
C. The client described how his/her understanding of his/her powerlessness and unmanageability have helped him/her cope with dangerous, lethal behaviors.
D. The client denied any pattern of powerlessness and unmanageability, and was provided with tentative examples of how others have experienced this dynamic.

20. Teach Steps Two and Three (20)

A. The client was taught about Steps Two and Three of AA.
B. The client was assigned the Step Two exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was assigned the Step Three exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client has not completed his/her assignments regarding the steps of AA, and this resistance was processed.
E. The client was shown ways in which a higher power can assist him/her in recovery.
F. The client was reinforced as he/she focused on how a higher power can assist him/her in recovery.
G. The client rejected the idea of a higher power, and was urged to remain open to this need.

21. Complete Fourth-Step Inventory (21)

A. The client was directed to complete a fourth-step inventory.
B. The client was assigned the Step Four exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client has completed the Step Four exercise and his/her results were processed.
D. The client has not completed the Step Four exercise and this resistance was processed.
E. The client was asked to list the targets of his/her anger and resentment, why they are resented, and how this has affected the client.
F. Active listening was provided as the client completed his/her fourth-step inventory.
G. The client has not completed the fourth-step inventory, and was redirected to do so.

22. Complete Fifth-Step Inventory (22)

A. The client was directed to complete a fifth-step inventory.
B. The client was asked to share how he/she has wronged others.
C. Active listening was provided as the client completed his/her fifth step, focusing on how he/she has wronged others.

D. The client has failed to complete his/her fifth step, and was redirected to do so.

23. Meet with Family Members (23)

A. A meeting was held with the client's family to discuss dangerousness and lethal behaviors, as well as substance abuse.
B. A discussion was held with the family about what the client is going to do differently in recovery.
C. Family members were reinforced as they appeared open to discussing issues related to the client's dangerousness, lethal behaviors, substance abuse, and recovery.
D. The family members were not open to discussing participation in the client's recovery.

24. Assign Reading on Parenting (24)

A. The client was assigned to read *Parenting Your Out-of-Control Teenager* (Sells).
B. The client's parents were assigned to read *Parenting Your Out-of-Control Teenager* (Sells).
C. A discussion was held about the measures needed to reestablish control of the child's behavior.
D. The assigned reading has not been completed, and was redirected.

25. Develop Family Behavior Contract (25)

A. A contract was developed with the family that outlines what the client will do in recovery, and the consequences of failing to meet these contractual obligations.
B. The family was held to their contract regarding what the client will do in recovery.
C. The client has been actively participating in his/her recovery, and the family was reminded about their contract.
D. The client has failed to meet his/her contractual obligations, and the family was reminded about how they wish to respond to this failure.

26. Reassess Violence (26)

A. The client was re-administered psychological instruments designed to objectively assess violence toward self and others.
B. The client was re-administered the Beck Scale for Suicidal Ideation (BSS).
C. The client was re-administered the Domestic Violence Inventory (DVI).
D. The client produced test scores indicating improvement in the dangerousness/lethality of his/her level of violence to self and others; the results were presented to the client.
E. The client produced test scores indicating a lack of improvement in the dangerousness/lethality of his/her level of violence to self and others; the results were presented to the client.

27. Assess Satisfaction (27)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed with the client.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DEPENDENT TRAITS

CLIENT PRESENTATION

1. **Passive Submission (1)***

A. The client described a pattern of passive submission to the wishes, wants, and needs of others.
B. The client has tried to ingratiate himself/herself to others by being eager to please them through meeting their needs.
C. The client has been taken advantage of because he/she fears rejection if he/she refuses to comply with others' requests.
D. As therapy has progressed, the client has begun to set limits on doing things for others and complying with their requests.

2. **Dependent Traits Lead to Addictive Behavior (2)**

A. The client's pattern of dependence on others has lead to addictive behavior.
B. The dependent client has turned to addictive behaviors when he/she felt let down or unsupported by others.
C. The client has engaged in addictive behaviors in order to maintain contact in a dependent relationship.
D. As treatment has progressed, the client has become less dependent and less likely to use addictive behaviors.

3. **Abandonment Fears (3)**

A. The client described a history of being very anxious whenever there is any hint of abandonment present in an established relationship.
B. The client's hypersensitivity to abandonment has caused him/her to desperately cling to destructive relationships.
C. The client has begun to acknowledge his/her fear of abandonment as excessive and irrational.
D. The client has reported conflicts within a relationship, but he/she has not automatically assumed that abandonment will be the result.

4. **Overly Focused on Acceptance from Others (4)**

A. The client described a history of behavior that is strongly influenced by a desire to be accepted by others.
B. A strong need for acceptance from others has dominated the client's motivation.
C. The client described that he/she has volunteered to do unpleasant or demeaning actions in order to gain acceptance from others.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

D. The client has become more aware of his/her pattern of being too focused on acceptance from others, and has begun to be more assertive in his/her relationships.

5. Need for Reassurance (5)

A. The client has been unable to make decisions or initiate actions without excessive advice, support, and reassurance from others.
B. The client's dependency on others is reflected in his/her seeking out their approval before he/she can take any action.
C. The client has shown the ability to make decisions on a small scale without seeking approval from others.
D. The client has implemented problem-solving techniques to enhance his/her decision-making skills and to increase his/her confidence in such decisions.

6. Inability to Trust One's Own Judgment (6)

A. The client described a pattern of difficulty trusting his/her own judgment about everyday life decisions.
B. The client cited specific examples of disregarding his/her own judgment, even when knowing that his/her own judgment was accurate.
C. The client identified small situations in which he/she trusted his/her own judgment about small decisions.
D. The client identified a variety of ways in which he/she trusted his/her own judgment about both large and small everyday decisions.

7. Feels Worthless (7)

A. The client verbalized seeing himself/herself as unimportant and expressed the feeling that he/she is worthless and a loser.
B. The client has begun to develop a more positive self-image and has terminated verbalizing negative comments about himself/herself.
C. The client has begun to make positive comments about himself/herself.

8. Sees Rejection as Inevitable (7)

A. The client verbalized the assumption that others do not like him/her, even though there is little or no evidence to support this conclusion.
B. The client identified an ongoing belief that others do not like him/her and that rejection by others is inevitable.
C. As the client's self-esteem has increased, he/she has begun to believe that others have a positive regard for him/her.
D. The client described situations in which others' affection and caring has been noted.

9. Needs Others to Make Decisions (8)

A. The client described a pattern of behavior that reflected consistent reliance on others to make decisions for him/her in most major areas of life.
B. The client acknowledged his/her dependence on others, but expressed fear of breaking that dependence.
C. The client denied his/her dependence on others, even though the facts confirm it.

D. The client has begun to take steps to break his/her dependence on others and move toward increased self-reliance.

10. Fears Group Situation (9)

A. The client acknowledged strong feelings of panic, fear, and helplessness when faced with group situations in which he/she is uncertain of being accepted.
B. The client described patterns of avoidance of group situations in which he/she was uncertain of being accepted.
C. The client has begun to overcome feelings of fear associated with being in group situations.

11. Chronic Alienation (10)

A. The client described a pattern of feeling alienated from others.
B. The client's lack of confidence in himself/herself is reflected in his/her chronic feelings of alienation.
C. The client has begun to feel more connected to others.
D. The client described increased feelings of closeness with important family members and social contacts.

INTERVENTIONS IMPLEMENTED

1. Explore Feelings of Powerlessness (1)*

A. The client was probed for childhood experiences of powerlessness.
B. The client was asked to explore similarities between feelings of childhood powerlessness and feelings when engaging in addictive behavior.
C. The client was assisted in comparing and contrasting adult feelings of powerlessness connected to addictive behavior with historical feelings of powerlessness.
D. The client was unable to identify feelings of powerlessness or how such feelings relate to addictive behavior, and was provided with tentative examples of how this can occur.

2. Administer Assessment for Dependent Traits (2)

A. The client was administered psychological instruments designed to objectively assess dependent traits and addictive behavior.
B. The Millon Clinical Multiaxial Inventory–III (MCMI–III) was administered to the client.
C. The client has completed the assessment of dependent traits, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of dependent traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of dependent traits, and the focus of treatment was turned toward this defensiveness.

3. Educate about the Etiology of Dependency (3)

A. The client was taught about ways that childhood experiences can cause fear of making decisions.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client was assigned "Understanding Family History" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was taught about specific syndromes of thought and behavior that often cause dependency and the fear of making decisions.
D. The client was assisted in identifying how a pattern of dependency is not appropriate as an adult.
E. The client was encouraged to identify the connection between his/her childhood experiences and the dependency difficulties he/she has.
F. The client rejected any notion of his/her childhood experiences causing dependency issues as an adult; he/she was provided with additional feedback in this area.

4. Explore Dysfunctional Family Rules (4)

A. Today's therapy session explored the pattern of dysfunctional family rules from the client's childhood.
B. The client was asked to explore how dysfunctional family rules led to uncomfortable feelings and an escape into addiction and dependency.
C. The therapist focused on how the effects of the dysfunctional family's inconsistent rules have led to the client's fear of failure.
D. The client was reinforced as he/she displayed an understanding of how his/her dysfunctional family's inconsistent rules have led to his/her fear of failure.
E. The client was given support and affirmation regarding his/her uncomfortable feelings related to dysfunctional family rules.
F. The client is continuing to exhibit emotional distress and a desire to escape into addiction; this pattern was highlighted.

5. Connect Childhood Experience with Assumption of Childlike Role (5)

A. The client was assisted with an understanding about how his/her early childhood experiences have subsequently led to a fear of abandonment, rejection, neglect, and the current assumption of a childlike role.
B. The client was assisted in identifying how his/her current assumption of a childlike role is detrimental to intimate relationships.
C. The client was assigned "Taking Steps toward Independence" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client identified ways in which his/her childhood experiences have led to fears of abandonment, rejection, and neglect; this insight was reinforced.
E. The client was supported as he/she accepted the connection between his/her childhood experience and his/her current assumption of a childlike role.
F. The client struggled to understand how his/her early childhood experience and feelings of abandonment, rejection, and neglect have led to his/her current childlike role, which is detrimental to intimate relationships; remedial examples of this dynamic were provided.

6. Teach Origins of Low Self-Esteem and Fear of Mistakes (6)

A. The client was presented with information about the pattern of low self-esteem and fear of making the wrong decision, resulting from being raised in a home where people were overly controlling and critical.

B. The client was assisted in identifying a pattern of overcontrol and criticism in his/her upbringing.
C. The client was helped to make a connection between his/her fear of making wrong choices and low self-esteem with the overly controlled and critical childhood environment.
D. The client rejected the connection between his/her fear of making wrong choices and his/her childhood experiences; he/she was urged to remain open to this concept.

7. Explore the Effects of Fear and Shame (7)

A. The client was asked to identify specific childhood situations in which he/she experienced fear and shame.
B. Active listening was provided as the client explained what it was like to grow up in an environment that elicited feelings of fear and shame.
C. The client was supported as he/she identified ways in which his/her experience of fear and shame have contributed to his/her dependent traits and addictive behavior.
D. The client denied any pattern of fear and shame, or any effect on the pattern of dependent traits and addictive behavior; remedial feedback was provided.

8. List Examples of Avoidance (8)

A. The client was asked to list instances when he/she avoided decisions out of fear of failure or rejection.
B. The client was asked to complete the exercise "Making Your Own Decisions" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client has completed the assignment regarding making decisions and his/her responses were reviewed and processed.
D. The client has not completed the "Making Your Own Decisions" assignment from the *Adult Psychotherapy Treatment Planner*, 2nd ed. (Jongsma), and was redirected to do so.
E. The client was assisted in listing a variety of situations in which he/she has avoided making decisions due to fear of failure or rejection.
F. The client identified his/her pattern of avoiding decisions out of fear of failure or rejection; this insight was reinforced.
G. The client was unable to identify situations in which he/she has avoided making decisions due to a fear of failure or rejection, and he/she was redirected to review this area.

9. Probe Inability to Trust Own Judgment (9)

A. The client's pattern of not trusting his/her own judgment was probed.
B. Validation was provided as the client acknowledged his/her pattern of not trusting his/her own judgment.
C. Support was provided as the client identified the origins of his/her failure to trust his/her own judgment.
D. The client struggled to identify the origins of his/her inability to trust his/her own judgment, and was provided with tentative explanations.

10. Discuss the Connection between Dependency and Addiction (10)

A. Today's session focused on the relationship between the client's dependent traits and addictive behaviors.

B. It was noted that the client was able to make several insightful connections between his/her dependent traits and his/her addictive behavior.
C. As the client has reduced dependent traits, his/her addictive behavior has been noted to decrease as well.
D. The client does not identify any connection between his/her dependent traits and his/her addictive behavior; examples of this connection were reviewed.

11. Focus on Child Role in Relationships (11)

A. The client was probed about his/her tendency to take on the child role in relationships.
B. The client was asked to identify causes for functioning as a child in a relationship.
C. The client was assigned "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client completed the homework assignments regarding satisfying unmet emotional needs, and his/her responses were processed.
E. The client has not completed the "Satisfying Unmet Emotional Needs" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) and was redirected to do so.
F. The client was helped to develop insight into his/her pattern of adopting the child role in relationships and the cause of this problem.
G. The client rejected the idea of taking on the child role in relationships; he/she was urged to monitor this pattern.

12. Explore for Emotional Abandonment (12)

A. The family of origin was explored for experiences of emotional abandonment and neglect.
B. The client was helped to develop insight into the connection between his/her childhood experiences of abandonment and his/her dependent traits and addictive behavior.
C. As the client became aware of his/her emotional abandonment experiences, his/her fear of displeasing others became more clear; this insight was reinforced.
D. The client's insight into his/her experiences of emotional abandonment has been noted to reduce his/her motivation to continually strive to meet others' expectations.

13. Identify Addictive Behavior as an Escape from Feelings (13)

A. Today's session focused on identifying a pattern of addictive behavior as a means of escaping from feelings of anxiety and helplessness.
B. The client identified his/her pattern of addictive behavior as a means of escaping from feelings of anxiety and worthlessness; this insight was highlighted.
C. As the client has developed alternative ways to deal with anxiety and feelings of worthlessness, the addictive behavior has been noted to decrease.
D. The client has denied any connection between his/her addictive behavior and his/her feelings of anxiety and worthlessness; he/she was urged to monitor this dynamic.

14. Teach Relaxation Techniques (14)

A. The client was taught various relaxation techniques (e.g., deep muscle release, rhythmic deep breathing, positive imagery) as a means of coping with anxiety.
B. The client implemented relaxation procedures to reduce tension and physical restlessness, and it was noted that these techniques are beneficial.

C. The client has not followed through on implementation of relaxation techniques to reduce restlessness and tension, and he/she was encouraged to do so.

15. Role-Play Relaxation (15)

A. The client was assisted, through role-playing and behavior rehearsal, in implementing relaxation techniques that could be used as a healthy escape from anxiety.

B. The client reported regular use of relaxation techniques when experiencing anxiety-producing situations; the benefits of this habit were reinforced.

C. The client was reinforced for implementing relaxation skills in his/her daily life.

D. The client is not using relaxation techniques as a healthy escape from anxiety, and he/she was redirected to do so.

16. Explore Punishment of Expressing Feelings in Childhood (16)

A. The client was assisted in becoming more aware of his/her family's pattern of punishing responses to his/her expressions of feelings, wishes, and wants.

B. The client was assisted in developing insight into feelings of anxiety due to his/her family's negative response when he/she expressed a choice, feeling, or decision.

C. As therapy has progressed, the client has been reinforced for reporting decreased anxiety when expressing a choice, feeling, or decision.

17. Educate about Healthy Relationships (17)

A. The client was presented with information about building healthy interpersonal relationships through openness, respect, and honesty, including the sharing of feelings to build trust and mutual understanding.

B. The client was assigned "Negotiating Skills for Success" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. The client was assigned "Building My Support Network" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

D. The client has completed the assigned homework, and his/her learning from this assignment was reviewed.

E. Active listening was provided as the client acknowledged situations in which he/she could increase sharing of feelings in order to build trust and mutual understanding.

F. The client recalled instances when he/she has used openness and honesty to increase trust and mutual understanding; he/she was urged to continue this progress.

18. Teach Honest Communication Skills (18)

A. The client was taught that the tendency to tell others what we think they want to hear is based on fear of rejection, commonly learned in an alcoholic home.

B. The client was provided with modeling, role-playing, and behavior rehearsal to teach more honest communication skills.

C. The client was reinforced for using more honest communication skills to replace telling others what he/she thinks they want to hear.

19. Teach the Assertiveness Formula (19)

A. The client was taught the assertiveness formula of "I feel...when you....I would prefer it if...."

B. Role-playing and behavior rehearsal were used to teach the client how to use the assertiveness formula in several applications of his/her life.
C. The client was reinforced as he/she displayed an understanding of how to use the assertiveness formula of "I feel...when you....I would prefer it if...."
D. The client was asked to journal one assertiveness situation each day.
E. The client has not journaled one assertiveness situation each day, and he/she was redirected to do so.

20. Review Choices of Friends and Intimate Partners (20)

A. The client's choices of friends and intimate partners were reviewed, with a focus on how he/she selects controlling people.
B. The client was helped to relate his/her dependency traits to his/her selection of controlling people.
C. As the client has progressed, he/she has made choices to develop relationships with less controlling individuals; this progress was celebrated.
D. The client struggled to correlate his/her choice of friends and intimate partners with his/her dependency traits; tentative examples were provided.

21. Teach Problem-Solving Skills (21)

A. The client was presented a problem-solving technique that included the following steps: identify the problem; brainstorm alternate solutions; examine the advantages and disadvantages of each solution; select an option; implement a course of action; evaluate the results.
B. The client was asked to role-play examples of implementing problem-solving techniques.
C. The client was reinforced for instances of using problem-solving techniques in day-to-day situations.
D. The client is not using problem-solving techniques, and he/she was redirected to do so.

22. Educate about the Fear of Making Decisions (22)

A. The client was educated about how the fear of making decisions is based in low self-esteem and the need for acceptance.
B. The client was assigned "Learning to Self-Soothe" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was helped to identify situations in his/her personal experiences in which he/she feared making decisions due to low self-esteem and the need for acceptance.
D. As the client has progressed, his/her low self-esteem and need for acceptance has been noted to decrease, and his/her ability to make decisions has increased.
E. The client rejected the idea of his/her fear of making decisions being based on low self-esteem and the need for acceptance; tentative examples of this dynamic were provided.

23. Assign Use of Decision-Making Skills (23)

A. The client was asked to implement decision-making skills at least three times per week.
B. The client presented an ongoing record of his/her use of decision-making skills, and these were processed within the session.
C. The client received reinforcement for utilizing decision-making skills.

D. The client has not used decision-making skills, and he/she was redirected to do so.

24. Teach about Recovery Group Involvement (24)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and to develop confidence in self.
B. The client was referred to an appropriate recovery group.
C. The client's involvement in an active recovery group was reviewed.
D. The client acknowledged that he/she had not followed through with involvement in a recovery group, and he/she was redirected to do so.

25. Probe Fear of Attending a Recovery Group (25)

A. The client acknowledged that he/she had not attended recovery group meetings.
B. The client acknowledged the connection between his/her dependency traits and his/her fear of attending recovery group meetings.
C. The client was assisted in developing additional coping skills for his/her fear of attending recovery group meetings (e.g., relaxation techniques, positive self-talk, assertiveness skills).
D. The client was supported for implementation of coping skills and for successfully attending recovery group meetings.
E. The client continues to struggle with his/her fear of attending recovery group meetings, and this was processed within the session.

26. Develop an Aftercare Plan (26)

A. The client was assisted in developing an aftercare plan, including regular attendance at 12-step recovery group meetings that will support recovery from dependency issues.
B. The client was assisted in listing several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, sponsors, family activities, counseling).
C. The client described active pursuit of the elements of the aftercare plan that has been developed.
D. The client did not follow through on an aftercare plan, and he/she was redirected to do so.

27. Emphasize a 12-Step Home Group as Like a Family (27)

A. The client was presented with the idea that a home group of a 12-step program can function as the healthy family that he/she never had.
B. The client was assisted in realizing why he/she needs a family to assist in recovery.
C. The client was reinforced as he/she displayed acceptance of the idea of using a home group of a 12-step program as a healthy family to assist in recovery.
D. The client was resistant to acknowledge a need for a healthy family; but was gently encouraged to accept this.

28. Develop a Relationship with a 12-Step Sponsor (28)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. The client agreed with his/her need to utilize a sponsor within the 12-step community.
C. The client was assisted in developing a relationship with a temporary sponsor.
D. The client declined involvement with a sponsor from the 12-step community; he/she was urged to reconsider at a later time.

29. Teach about a Higher Power (29)

A. The client was presented with information about how faith in a higher power can aid in recovery from dependency traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was urged to remain open to this concept.

30. Reinforce Faith in a Higher Power (30)

A. The client's enactment of faith in a higher power was reviewed within the session.
B. The client reported ongoing use of his/her faith in a higher power to assist in daily life and dependency problems; this progress was celebrated.
C. The client was reinforced for his/her enactment of faith in a higher power.
D. The client reported no use of faith in a higher power in his/her daily life, and he/she was redirected to use this faith.

31. Read Recovery Literature (31)

A. The client was assigned to read recovery literature (e.g., AA's *Big Book*).
B. The client reported reading the recovery literature related to his/her dependency and addiction problems, and this was processed.
C. The client did not read the assigned recovery literature, and this was reassigned to him/her.

32. Teach Assertiveness Skills (32)

A. The client was taught assertiveness skills through the use of modeling, behavior rehearsal, and role-playing.
B. The client displayed an understanding of the components of assertiveness he/she has been taught.
C. The client used a journal to list his/her assertiveness experiences; the content of the journal was processed.
D. The client was reinforced as he/she listed several situations in which he/she has been able to be assertive.
E. The client reported that he/she finds it very difficult to implement assertiveness skills, but was urged to do so.

33. Re-administer Psychological Instruments (33)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of dependent traits.
B. The client produced treatment outcome test scores indicating improvement on dependent traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on dependent traits, and these results were presented to the client.

34. Assess Satisfaction (34)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

DEPRESSION

CLIENT PRESENTATION

1. Feels Sad or Down (1)*

A. The client reported that he/she feels deeply sad, and experiences periods of tearfulness on an almost daily basis.
B. The client's depressed affect was clearly evident within the session, as tears were shed on more than one occasion.
C. The client reports that he/she has begun to feel less sad and can experience periods of joy.
D. The client appeared to be more happy within the session, and there was no evidence of tearfulness.
E. The client reported experiencing no episodes of depression recently.

2. Addictive Behavior to Escape Depression Symptoms (2)

A. The client reported using addictive behavior as a means of escaping from feelings of sadness, worthlessness, and hopelessness.
B. The client's ongoing addictive behavior appears to have exacerbated his/her depression symptoms.
C. The client's depression symptoms have decreased as his/her addictive behavior has decreased.
D. The client reported discontinuing addictive behavior, and dealing directly with feelings of sadness, worthlessness, and hopelessness.

3. Sleep Disturbance and Fatigue (3)

A. The client reported periods of inability to sleep and other periods of sleeping for many hours without the desire to get out of bed.
B. The client's problem with sleep disturbance has diminished as the depression has lifted.
C. Medication has improved the client's problem with sleep disturbance.
D. The client reported sleeping normally 6 to 8 hours per night and feeling refreshed.

4. Appetite Disturbance and Weight Change (3)

A. The client reported that he/she has not had a normal and consistent appetite.
B. The client's loss of appetite has resulted in a significant weight loss associated with the depression.
C. The client reported a significant increase in appetite, and he/she has experienced a weight gain due to the use of "comfort food."
D. As the client's depression has begun to lift, his/her appetite has stabilized.
E. The client reported that his/her appetite is at a normal level.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Anhedonia (3)

A. The client reported a diminished interest in or enjoyment of activities that he/she previously found pleasurable.
B. The client has begun to be more involved with activities that he/she previously found pleasurable.
C. The client has returned to an active interest in and enjoyment of activities.

6. Helplessness, Hopelessness, and Worthlessness (4)

A. The client has experienced feelings of hopelessness and worthlessness that began as his/her depression deepened.
B. As the client's depression began to lift, his/her feelings of hopelessness and worthlessness have diminished.
C. The client expressed feelings of hope for the future and affirmation of his/her own self-worth.

7. Inappropriate Guilt (4)

A. The client described feelings of pervasive, irrational guilt.
B. Although the client verbalized an understanding that his/her guilt was irrational, this feeling continues to plague him/her.
C. As the client's depression has subsided, the depth of his/her irrational guilt has lifted.
D. The client no longer expresses feelings of irrational guilt.

8. Loss of Energy and Excessive Fatigue (5)

A. The client reported that he/she feels a very low level of energy compared to normal times in his/her life.
B. The client reports consistent fatigue, including feeling tired even after sleeping.
C. It was evident within the session that the client has a low level of energy, as demonstrated by slowness of walking, minimal movement, lack of animation, and slow responses.
D. The client's energy level has increased and fatigue has dissipated as his/her depression has lifted.
E. It was evident within the session that the client is demonstrating a normal level of energy.

9. Lack of Concentration (6)

A. The client reported that he/she is unable to maintain concentration and is easily distracted.
B. The client reported that he/she is unable to read material with good comprehension because of being easily distracted.
C. The client reported a normal ability to concentrate as his/her depression has lifted.

10. Indecisiveness (6)

A. The client reported a decrease in his/her ability in making decisions, due to a lack of confidence, low self-esteem, and low energy.
B. It was evident within the session that the client does not have normal decision-making capabilities.
C. The client reported an increased ability to make decisions as the depression is lifting.

11. Low Self-Esteem (7)

A. The client stated that he/she has a very negative perception of himself/herself.
B. The client's low self-esteem was evident within the session as he/she made many self-disparaging remarks and maintained very little eye contact.
C. The client's self-esteem has increased as he/she is beginning to affirm his/her self-worth.
D. The client verbalized positive feelings toward himself/herself.

12. Hallucinations or Delusions (8)

A. The client has experienced mood-related hallucinations or delusions, indicating that his/her depression has a psychotic component.
B. The client's thought disorder has begun to diminish as his/her depression has been treated.
C. The client reported no longer experiencing thought disorder symptoms.

13. Suicide Thoughts (9)

A. The client expressed that he/she is experiencing suicide thoughts, but is not taking action on these thoughts.
B. The client reported suicide thoughts that have resulted in suicide gestures.
C. The client reported that suicide urges have diminished as his/her depression has lifted.
D. The client denied having any suicide thoughts or gestures and is more hopeful about the future.

14. Expresses Wish to Die (10)

A. The client has expressed a wish to die, but he/she does not have any direct suicidal thoughts or plans.
B. The client describes that he/she wishes "God, just take me now."
C. As the client's depression has lifted, he/she reports fewer experiences of wishing to die.
D. The client denied having any pattern of thoughts about wishing to die, and is more hopeful about the future.

INTERVENTIONS IMPLEMENTED

1. Assess Mood Episodes (1)*

A. An assessment was conducted on the client's current and past mood episodes, including the features, frequency, intensity, and duration of the mood episodes.
B. The *Inventory to Diagnose Depression* (Zimmerman, Coryell, Corenthal, and Wilson) was used to assess the client's current and past mood episodes.
C. The results of the mood episode assessment reflected severe mood concerns and this was presented to the client.
D. The results of the mood episode assessment reflected moderate mood concerns, and this was presented to the client.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

E. The results of the mood episode assessment reflected mild mood concerns, and this was presented to the client.

2. Display Symptoms Graphically (2)

A. A graphic time line display was used to help the client chart his/her pattern of depression symptoms.
B. The client's precursors, triggers, and pattern of depression symptoms were reviewed on a time line to explore how he/she experiences and is affected by depression.
C. The client displayed a greater understanding of his/her pattern of depression problems and was given support and feedback in this area.
D. The client struggled to understand his/her pattern of depression symptoms and was redirected in this area.

3. Obtain Feedback Regarding Depression Pattern (3)

A. The client's family, friends, and caregivers were asked about the client's pattern of depression symptoms.
B. The client's family was asked about the family history of depression.
C. Family, friends, and caregivers identified a pattern of depression for the client and within the family, and this was reviewed.

4. Log Current Level of Functioning (4)

A. The client, family, or caretaker was provided with sleeping, eating, and activity logs in which to document the client's current level of functioning.
B. Daily logs related to the client's sleeping, eating, and activity levels have been filled out regularly, and the aggregate results were reviewed, indicating a pattern of depression.
C. The client's symptom logs were reviewed, but do not indicate a pattern of depression symptoms.
D. Symptom logs have not been filled out regularly, and this assignment was reinforced as a helpful way to monitor the client's symptoms.

5. Administer Assessment for Depression Traits (5)

A. The client was administered psychological instruments designed to objectively assess the strength of depression symptoms.
B. The Beck Depression Inventory–II (BDI–II) was administered to the client.
C. The client has completed the assessment of depression symptoms, but minimal symptoms were identified; these results were reported to the client.
D. The client has completed the assessment of depression symptoms, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of depression symptoms, and the focus of treatment was turned toward this defensiveness.

6. Refer to a Supervised Environment (6)

A. Because the client was judged to be uncontrollably harmful to himself/herself, arrangements were made for psychiatric hospitalization.

B. The client was referred to a crisis residential facility due to concerns about his/her inability to manage himself/herself within a less restrictive setting.
C. The client was supported for cooperating voluntarily with admission to a more supervised environment.
D. The client refused to voluntarily admit himself/herself to a more supervised environment, and therefore civil commitment procedures were initiated.

7. Develop a Suicide Prevention Plan (7)

A. A suicide prevention plan was developed with the client focusing on how he/she will be monitored and to whom he/she should turn if suicidal ideation increases.
B. The client was given positive feedback for adhering to his/her structured suicide prevention plan.
C. The client has not adhered to the structured suicide prevention plan and was redirected to do so.

8. Refer for a Physical Examination (8)

A. The client was referred for a complete physical examination to rule out medical etiologies for depression.
B. The client has complied with a complete physical examination; medical etiologies for depression were identified and have become the focus of treatment.
C. The client has complied with a full physical examination, but no medical etiologies for his/her depression were identified.
D. The client has not complied with the requests for a full physical examination, and was redirected to do so.

9. Complete Step One Exercise (9)

A. The client was taught about a 12-step program's Step One, focusing on the need to admit powerlessness and unmanageability over addictive behavior and depression.
B. The client was assigned "Consequences of Continuing Addictive Lifestyles" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assisted in processing the admission of powerlessness and unmanageability over addiction behavior and depression.
D. The client was reinforced for his/her admission that he/she is powerless over his/her addictive behavior and depression.
E. The client has not embraced the Step One concepts, and was provided with additional feedback in this area.

10. Teach about the Cycle of Addiction and Depression (10)

A. The client was taught about how addictive behavior results in negative psychological effects, and that addictive behavior is often used in an attempt to control psychological symptoms.
B. The client was affirmed as he/she displayed understanding of the vicious cycle occurring between addictive behavior and psychological symptoms.
C. The client was assisted in identifying how his/her addictive behavior and psychological symptoms contribute to each other.

D. The client did not display an understanding of the effects of his/her addictive behavior on his/her psychological symptoms, or the effect of his/her psychological symptoms on addictive behavior; therefore, further attempts were made to teach this interaction.

11. Confront Addictive Behavior (11)

A. The client was confronted about using addictive behavior as a means of coping with depression.
B. The client was assisted in identifying the self-defeating, negative consequences of his/her addictive behavior as a means of coping with depression symptoms.
C. The client acknowledged his/her use of addictive behavior as a means of coping with depression, and was reinforced for this insight.
D. The client identified how his/her addictive behavior is self-defeating and has negative consequences, and he/she was reinforced for this insight.
E. The client denied any pattern of use of addictive behavior as a means of coping with depression symptoms, in spite of attempts to show a relationship between these behaviors and feelings.

12. Process Healthier Means of Coping (12)

A. The client was assisted in identifying healthier, constructive means of coping with depression (e.g., sharing pain with others, attending 12-step recovery program meetings, developing positive cognitions, taking medications, turning conflicts over to a higher power).
B. The client identified a variety of positive coping mechanisms that he/she will attempt to use to deal with depression symptoms; these were processed as they apply to his/her daily life.
C. The client was reinforced for using more constructive means of coping with depression symptoms.
D. The client has not used healthier, constructive means of coping with depression, and he/she was instructed to do so.

13. Refer for Medication Evaluation (13)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined an evaluation by a physician for a prescription of psychotropic medications and was redirected to do so.

14. Educate About and Monitor Psychotropic Medications (14)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

D. The client was monitored for compliance with and effectiveness/side effects of his/her psychotropic medication regimen.
E. The client was provided with positive feedback about his/her regular use of psychotropic medications.
F. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
G. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

15. Review Sleep Hygiene (15)

A. Basic steps to sleep hygiene (e.g., decreasing stimulants in the evening; having a quiet, comfortable place to sleep; spending time winding down) were reviewed.
B. The client's sleep hygiene pattern was reviewed, and he/she was reinforced for positive use of sleep induction techniques.
C. As the client has developed more structure to his/her sleep hygiene pattern, he/she has experienced a better pattern of sleep, and this was reviewed.
D. The client has not used the sleep hygiene techniques, continues to have poor sleep, and was given additional feedback in this area.
E. Behavior strategies to reinforce a structured sleep routine were introduced.

16. Refer for Sleep Study (16)

A. The client was referred to a sleep disorder specialist for an evaluation of his/her sleeping patterns.
B. The client has participated in an evaluation of his/her sleep pattern, and was found to have a specific sleep disorder.
C. The client has participated in a sleep disorder evaluation, but no specific sleep disorder was identified.
D. The client has been assisted in implementing steps to ameliorate his/her sleep disorder concerns.

17. Discuss Depression Development, Maintenance, and Changes (17)

A. Factors that were related to the development and maintenance of the client's depression were discussed.
B. The focus was placed on how treatment will target specific factors that develop and maintain the client's depression.
C. The client has been able to disclose factors that develop and maintain his/her depression and is accepting of the ways in which treatment will target these factors for change.
D. The client has been uncertain about the factors that develop and maintain his/her depression and was provided with remedial feedback in this area.

18. Identify Depressogenic Schemata (18)

A. The client was assisted in developing an awareness of his/her automatic thoughts that reflect depressogenic schemata.
B. The client was assisted in developing an awareness of his/her distorted cognitive messages that reinforce hopelessness and helplessness.

C. The client was helped to identify several cognitive messages that occur on a regular basis and feed feelings of depression.
D. The client recalled several instances of engaging in negative self-talk that precipitated feelings of helplessness, hopelessness, and depression; these were processed.

19. Assign Dysfunctional-Thinking Journal (19)

A. The client was requested to keep a daily journal that lists each situation associated with depressed feelings and the dysfunctional thinking that triggered the depression.
B. The client was assigned "Correcting Distorted Thinking" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned to use the "Daily Record of Dysfunctional Thoughts," as described in *Cognitive Therapy of Depression* (Beck, Rush, Shaw, and Emery).
D. The client was directed to complete the "Negative Thoughts Trigger Negative Feelings" assignment from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
E. The Socratic method was used to challenge the client's dysfunctional thoughts and to replace them with positive, reality-based thoughts.
F. The client was reinforced for instances of successful replacement of negative thoughts with more realistic positive thinking.
G. The client has not kept his/her record of automatic thoughts and was redirected to do so.

20. Conduct Behavioral Experiments (20)

A. The client was encouraged to do "behavioral experiments" in which depressive automatic thoughts are treated as hypotheses/predictions and are tested against reality-based alternative hypothesis.
B. The client's automatic depressive thoughts were tested against the client's past, present, and/or future experiences.
C. The client was assisted in processing the outcome of his/her behavioral experiences.
D. The client was encouraged by his/her experience of the more reality-based hypothesis/predictions; this progress was reinforced.
E. The client continues to focus on depressive automatic thoughts and was redirected toward the behavioral evidence of the more reality-based alternative hypotheses.

21. Reinforce Positive Self-Talk (21)

A. The client was reinforced for any successful replacement of distorted negative thinking with positive, reality-based cognitive messages.
B. It was noted that the client has been engaging in positive, reality-based thinking that has enhanced his/her self-confidence and increased adaptive action.
C. The client was assigned to complete the "Positive Self-Talk" assignment from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

22. Teach Behavioral Coping Strategies (22)

A. The client was taught behavioral coping strategies such as physical exercise, increased social involvement, sharing of feelings, and increased assertiveness as ways to reduce feelings of depression.

B. The client has implemented behavioral coping strategies to reduce feelings of depression and was reinforced for doing so.
C. The client reported that the utilization of behavioral coping strategies has been successful at reducing feelings of depression; the benefits of this progress were reviewed.
D. The client was assisted in identifying several instances in which behavioral coping strategies were helpful in reducing depressive feelings.
E. The client has not used behavioral coping strategies and was redirected to use this important resource.

23. Engage in Behavioral Activation (23)

A. The client was engaged in "behavioral activation" by scheduling activities that have a high likelihood for pleasure and mastery.
B. The client was directed to complete tasks from the "Identify and Schedule Pleasant Events" assignment from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. Rehearsal, role-playing, role reversal, and other techniques were used to engage the client in behavioral activation.
D. The client was reinforced for his/her successes in scheduling activities that have a high likelihood for pleasure and mastery.
E. The client has not engaged in pleasurable activities and was redirected to do so.

24. Employ Self-Reliance Training (24)

A. Self-reliance training was used to help the client assume increased responsibility for routine activities (e.g., cleaning, cooking, shopping).
B. The client was urged to take responsibility for routine activities in order to overcome depression symptoms.
C. The client was reinforced for his/her increased self-reliance.
D. The client has not assumed increased responsibility for routine activities and his/her struggles in this area were redirected.

25. Assess the Interpersonal Inventory (25)

A. The client was asked to develop an "interpersonal inventory" of important past and present relationships.
B. The client's interpersonal inventory was assessed for potentially depressive themes (e.g., grief, interpersonal disputes, role transitions, interpersonal deficits).
C. The client's interpersonal inventory was found to have significant depressive themes, and this was reflected to the client.
D. The client's interpersonal inventory was found to have minimal depressive themes, and this was reflected to the client.

26. Explore Unresolved Grief (26)

A. The client's history of losses that have triggered feelings of grief were explored.
B. The client was assisted in identifying losses that have contributed to feelings of grief that have not been resolved.
C. The client's unresolved feelings of grief are noted to be contributing to current feelings of depression and were provided a special focus.

27. Teach Assertiveness (27)

A. The client was referred to an assertiveness training group that will educate and facilitate assertiveness skills.
B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness skills.
C. The client has demonstrated a clearer understanding of the difference between assertiveness, passivity, and aggressiveness; he/she was urged to use these skills.
D. The client displayed a poor understanding of assertiveness skills and was provided with remedial training in this area.

28. Teach Conflict Resolution Skills (28)

A. The client was taught conflict resolution skills such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.
B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client reported implementation of conflict resolution skills in his/her daily life and was reinforced for this utilization.
D. The client reported that resolving interpersonal conflicts has contributed to a lifting of his/her depression; the benefits of this progress were emphasized.
E. The client has not used the conflict resolution skills that he/she has been taught and was provided with specific examples of when to use these skills.

29. Help Resolve Interpersonal Problems (29)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The "Applying Problem-Solving to Interpersonal Conflict" assignment from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) was used to help resolve interpersonal problems.
C. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
D. The client was taught active problem-solving techniques to help him/her resolve interpersonal problems.
E. It was reflected to the client that he/she has significantly reduced his/her interpersonal problems.
F. The client continues to have significant interpersonal problems, and he/she was provided with remedial assistance in this area.

30. Address Interpersonal Conflict through Conjoint Sessions (30)

A. A conjoint session was held to assist the client in resolving interpersonal conflicts with his/her partner.
B. The client reported that the conjoint sessions have been helpful in resolving interpersonal conflicts with his/her partner, and this has contributed to a lifting of his/her depression.
C. It was reflected that ongoing conflicts with a partner have fostered feelings of depression and hopelessness.

31. Teach Decision-Making Strategies (31)

A. The client was taught specific decision-making strategies, including identifying one problem at a time, breaking the decision down into relevant parts, examining the pros and cons of relevant choices, and developing a decision.
B. The client was reinforced for his/her successful use of decision-making skills.
C. The client gave specific examples of his/her use of decision-making strategies.
D. The client has not used appropriate decision-making strategies and was redirected to do so.
E. The client was discouraged from making major life decisions until after his/her mood disorder improves.
F. The client acknowledges the need to improve his/her mood before making major life decisions and was commended for this restraint.
G. The client continues to attempt to make major life changes despite the presence of his/her mood disorder and was provided with additional feedback in this area.

32. Reinforce Physical Exercise (32)

A. A plan for routine physical exercise was developed with the client, and a rational for including this in his/her daily routine was made.
B. The client and therapist agreed to make a commitment toward implementing daily exercise as a depression reduction technique.
C. The client has performed routine daily exercise, and he/she reports that it has been beneficial; these benefits were reinforced.
D. The client has not followed through on maintaining a routine of physical exercise and was redirected to do so.

33. Recommend Exercising Your Way to Better Mental Health (33)

A. The client was encouraged to read *Exercising Your Way to Better Mental Health* (Leith) to introduce him/her to the concept of combating stress, depression, and anxiety with exercise.
B. The client has followed through with reading the recommended book on exercise and mental health and reported that it was beneficial; key points were reviewed.
C. The client has implemented a regular exercise regimen as a depression reduction technique and reported successful results; he/she was verbally reinforced for this progress.
D. The client has not followed through with reading the recommended material on the effect of exercise on mental health and was encouraged to do so.

34. Build Relapse Prevention Skills (34)

A. The client was assisted in building relapse prevention skills through the identification of early warning signs of relapse.
B. The client was directed to consistently review skills learned during therapy.
C. The client was assisted in developing an ongoing plan for managing his/her routine challenges.

35. Assign Step Four Exercise (35)

A. The client was taught about a 12-step program's Step Four, focusing on the exact nature of his/her wrongs.

B. The client was directed to write an autobiography detailing the exact nature of his/her wrongs.
C. The client's completed autobiography detailing the exact nature of his/her wrongs was processed.
D. The client was assisted in turning his/her past misbehavior over to a higher power.
E. The client has not completed the fourth-step inventory, and he/she was redirected to do so.

36. Assign Positive Affirmations (36)

A. The client was assigned to write 10 accurate, self-enhancing statements to read each morning.
B. The client was reinforced for following through on the assignment of writing positive affirmation statements and reading these each morning, and he/she reported feeling more positive about the future.
C. The client was reinforced for making positive statements regarding himself/herself and his/her ability to cope with the stresses of life.
D. The client has not followed through with writing positive affirmation statements, and he/she was encouraged to do so.

37. Educate about Importance to Others' Recovery Program (37)

A. The client was educated about his/her importance to others who are working through a 12-step recovery program.
B. The client was affirmed for acknowledging the importance of his/her assistance to others in a 12-step recovery program.
C. The client was assisted in identifying specific ways in which he/she can help others in recovery and thereby build his/her self-esteem.
D. The client reported ongoing involvement in others' 12-step recovery programs, and these experiences were processed and reinforced.
E. The client has not used involvement in others' 12-step recovery programs, and he/she was redirected to do so.

38. Develop a Future Plan (38)

A. The client was educated about the use of future plans as a way to create new hope for tomorrow.
B. The client was assisted in developing plans for the future, and now feels more hopefulness.
C. The client has struggled, in spite of attempts to teach him/her to use future orientation, to develop specific plans for the future, and has continued to experience hopelessness and depression symptoms.

39. Teach about "An Attitude of Gratitude" (39)

A. The client was taught about the 12-step recovery program's concept of "an attitude of gratitude."
B. The client was assigned to write down five things for which he/she is grateful each day.
C. The client presented daily lists of things for which he/she is grateful, and these were processed.

D. The client has not completed the daily lists of things for which he/she is grateful, and he/she was redirected to do so.

40. Share Feelings in Group (40)

A. The client was encouraged to share his/her feelings of depression within directed group therapy sessions.
B. The client received feedback of empathy, acceptance, and affirmation from other group members.
C. The client attended group sessions, but was unable to express feelings related to depression in spite of attempts to explore these feelings.

41. Develop an Aftercare Plan (41)

A. The client was assisted in developing an aftercare plan, including regular attendance at 12-step recovery group meetings, which will support recovery when feeling depression concerns.
B. The client was assisted in listing several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, sponsors, family activities, counseling).
C. The client described active pursuit of the elements of his/her aftercare plan, and was reinforced for this.
D. The client has not followed through on an aftercare plan, and he/she was redirected to do so.

42. Teach the Family about Depression and Addiction (42)

A. A family session was held to educate the family and significant others regarding the client's depression diagnosis, treatment, and prognosis.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of his/her depression and substance abuse concerns; positive feedback was provided.
C. Family members were neither understanding nor willing to provide support to the client in spite of his/her diagnosis of depression; they were urged to be more open to the client's recovery.

43. Engage Family Members in Aftercare (43)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members expressed their positive support of the client and committed to assisting the client in his/her recovery; they were reinforced for this support.
C. Family members indicated their ongoing displeasure with the client and did not indicate a commitment for his/her recovery; they were urged to be more supportive of the client's recovery.

44. Provide the Family with Information about Depression (44)

A. Family members were provided with specific information about the client's depression and the steps that he/she must take to recover successfully.
B. The client was directed to read *What to Do When Someone You Love Is Depressed* (Golant and Golant).
C. The client was directed to read *When Someone You Love Is Depressed* (Rosen and Amador).

D. Family members reported understanding of the information provided about the client's depression symptoms, triggers, and recovery needs, and indicated an interest in providing support to him/her.
E. The client has reported, subsequent to a family education session, an ongoing pattern of support from his/her family.
F. The client reported that, in spite of attempts to educate the family, his/her family has not been supportive of his/her recovery.

45. Re-administer Psychological Instruments (45)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of depression symptoms.
B. The client produced treatment outcome test scores indicating improvement on depression symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on depression symptoms, and these results were presented to the client.

46. Assess Satisfaction (46)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

EATING DISORDERS

CLIENT PRESENTATION

1. Fears Loss of Control over Eating (1)*

A. The client reported a pattern of feeling as though he/she has lost control over his/her eating pattern.
B. The client identified that he/she fears being unable to stop eating or to control how much food is consumed.
C. The client reported an increased sense of control over his/her eating, and that he/she can stop eating or control how much food is consumed.
D. The client reported that he/she has had no recent incidents of feeling out of control with his/her eating.

2. Intense Fear of Gaining Weight (2)

A. The client has developed a predominating, intense fear of becoming overweight.
B. The client's fear of becoming overweight has caused him/her to control his/her food intake to an extreme level.
C. The client has used purging methods to control his/her weight.
D. The client's fear of becoming overweight has diminished.
E. The client has not reported any fear of becoming overweight.

3. Body Image Disturbance (3)

A. The client has a history of preoccupation with his/her body image, and perceives himself/herself as overweight, even when thin.
B. The client is beginning to acknowledge that his/her body image is grossly inaccurate, and that some weight gain is necessary.
C. As the client has begun to gain some weight, his/her anxiety level has increased and the fear of obesity has returned.
D. The client has been able to gain weight to normal levels without a distorted fear of becoming overweight overwhelming him/her.

4. Intermittent Starving (4)

A. The client has a history of intermittently grossly decreasing or limiting ingestion of food, resulting in weight loss.
B. Although the client spoke of eating three meals per day, a closer analysis indicated that the amount of food consumed was very limited.
C. The client has begun to increase his/her caloric intake as portions of food have gradually increased.
D. The client reported consuming a normal level of calories per day in the recent past.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Gorging and Purging (4)

A. The client described a history of gorging (i.e., a chronic, rapid large consumption of large quantities of high-carbohydrate foods).
B. The client has engaged in self-induced vomiting out of a fear of gaining weight.
C. The client's pattern of binge eating and purging behavior has occurred on an almost-daily basis.
D. The client's frequency of binge eating and/or purging has begun to diminish.
E. The client reported that there have been no recent instances of binge eating.
F. The client reported that there have been no recent instances of purging.

6. Laxative/Enema Abuse (4)

A. The client has a history of laxative abuse to purge his/her system of food intake.
B. The client has a history of overusing enemas in order to assist in purging his/her system of food intake.
C. The frequency of laxative abuse and enema abuse has begun to diminish.
D. The client reported no recent instances of laxative or enema abuse as a purging behavior for food intake.

7. Excessive, Strenuous Exercise (4)

A. The client has engaged in excessive, strenuous exercise as a weight control measure.
B. The client continues to engage in excessive, strenuous exercise to burn calories, despite the fact that he/she is extremely underweight and is eating too little.
C. The excessive, strenuous exercise is a ritual that is compulsively completed by the client on a daily basis.
D. The client has begun to control the frequency and amount of exercise in which he/she engages to burn calories.
E. The client has terminated the excessive, strenuous exercise routine and only engages in normal, healthy exercise.

8. Depression (5)

A. The client's eating disorder emerged around the time that he/she became significantly depressed.
B. The client appeared visibly sad when discussing the issues related to his/her eating disorder.
C. The client expressed feelings of sadness about his/her body image.
D. The client's symptoms of depression have started to decrease as he/she gains control of his/her eating disorder.
E. The client reported that he/she no longer feels depressed, and his/her weight has returned to the previous normal level.

9. Unsuccessful Attempts to Control Eating Behavior (6)

A. The client reported frequent unsuccessful attempts at bringing his/her abnormal eating behavior under control.
B. The client has not been successful at bringing his/her abnormal eating behavior under control for more than a brief period of time.

C. The client reported that he/she feels confident that he/she will be able to maintain an appropriate eating behavior.
D. The client reported that he/she has maintained appropriate eating behavior patterns for an extended period of time.

10. Food as an Escape from Stress (7)

A. The client reported a consistent pattern of using food consumption as a means of relaxation.
B. The client identified that when he/she becomes stressed, he/she uses "comfort food" as a way to escape from the stress.
C. The client described that he/she has been using stress reducers and relaxation techniques more appropriately.
D. The client reported no longer using food consumption as a way to relax or escape from stress.

11. Body Shape/Weight Overemphasized in Self-Evaluation (8)

A. The client overemphasized his/her body shape and weight when describing himself/herself, and seems to use this as the primary means to evaluate himself/herself.
B. The client acknowledged the undue influence that his/her body shape and weight have on his/her self-concept.
C. The client has begun to develop other methods of self-evaluation, and is placing his/her body shape and weight in a more appropriate level of influence.
D. The client reported an appropriate self-evaluation, not significantly influenced by body shape and weight.

12. Anxiety (9)

A. The client reported significant anxiety when thinking about his/her body weight, food, or eating.
B. The client appeared visibly anxious when discussing the issues related to his/her eating disorder.
C. The client expressed feelings of anxiety about his/her body image.
D. The client's anxiety has significantly decreased as he/she has gained control of his/her eating behavior.

13. Addictive Behavior to Cope with Anxiety (10)

A. The client uses addictive behavior to cope with his/her anxiety about weight issues.
B. The client has used other addictive behaviors instead of using food to deal with anxiety.
C. As treatment has progressed, the client has decreased his/her use of addictive behaviors to cope with his/her anxiety.

INTERVENTIONS IMPLEMENTED

1. Build Trust (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to help build trust with the client.
B. The client began to express feelings more freely as rapport and trust level were increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to use the safe haven of therapy to express these difficult issues.

2. Gather Eating Disorder History (2)

A. Today's therapy session explored the frequency, type, and chronic nature of the client's eating disorder behavior.
B. A complete history of the client's eating disorder behavior was taken in today's therapy session.
C. Today's therapy session explored periods of time when the client lost a significant amount of weight.
D. The frequency and chronic nature of the client's bingeing and purging episodes were explored.
E. Today's therapy session explored periods of time when the client used laxatives inappropriately to either lose weight or prevent weight gain.

3. Evaluate Calorie Consumption (3)

A. The client's calorie consumption was compared with an average adult female rate of 1600–2400 calories per day in order to establish the reality of his/her pattern of under- or overeating.
B. The client acknowledged that his/her calorie consumption was not within the normal limits; he/she was supported for this understanding.
C. The client defended his/her calorie consumption for being outside the normal limits and was gently confronted with facts about normal caloric intake.

4. Confront Denial (4)

A. The client's minimization and denial of the seriousness of his/her eating disorder were confronted.
B. Today's therapy session was helpful in breaking through the client's denial surrounding the seriousness of his/her eating disorder.
C. Today's therapy session was not helpful in breaking through the client's denial and minimization regarding the seriousness of his/her eating disorder.
D. The family members' denial and the minimization of the seriousness of the client's eating disorder were challenged.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Explore Vomiting and Other Dysfunctional Behavior (5)

A. The client was asked to describe any self-induced vomiting or other dysfunctional behavior to help control caloric intake.
B. The client was supported as he/she acknowledged engaging in dysfunctional behavior on a regular basis, in order to change his/her caloric outcome.
C. The client defended his/her use of self-induced vomiting and other dysfunctional behavior because of his/her distorted belief that he/she would become overweight; he/she was redirected in this area.
D. The client's use of purging techniques was monitored.
E. The client was reinforced as he/she reported a decreased use of purging and exercise to control weight.
F. The client denied any recent engagement in vomiting behavior, and this was accepted and reinforced.

6. Administer Psychological Instruments (6)

A. Psychological instruments designed to objectively assess eating disorders were administered to the client.
B. The Eating Inventory was administered to the client.
C. The Stirling Eating Disorder Scale was administered to the client.
D. Feedback was provided to the client regarding the results of the eating disorder assessment.
E. The client failed to take the psychological instruments to assess eating disorders, and the focus of treatment was changed to this resistance.

7. Refer for Physical Examination (7)

A. The client was referred for a thorough physical examination to assess the effects that the eating disorder has had on his/her health.
B. The client followed through by receiving a thorough physical examination.
C. The client is opposed to receiving a thorough physical examination to assess the effects of his/her eating disorder.
D. The findings from the physical examination revealed that the client's eating disorder has had a detrimental effect on his/her health.
E. The findings from the physical examination do not reveal any serious health problems.
F. The client has not followed through on a physical examination and was redirected to do so.

8. Refer for Dental Examination (8)

A. The client was referred for a complete dental examination.
B. The client followed through by obtaining a complete dental examination.
C. The client has refused to follow through with a dental examination.
D. The findings from the dental examination revealed that the client's eating disorder has negatively affected his/her dental condition.
E. The findings from the dental examination did not reveal the presence of any serious dental problems.
F. The client has not followed through on a dental examination and was redirected to do so.

9. Assess/Refer for Psychotropic Medication (9)

A. The client's need for psychotropic medication was assessed.
B. It was determined that the client would benefit from psychotropic medication, and a referral was made.
C. A need for psychotropic medication was not found, and thus no referral was made.
D. The client cooperated with the physician referral, and psychotropic medication has been prescribed.
E. The client has failed to follow through on the physician referral and was encouraged to do so.

10. Monitor Medication (10)

A. The effectiveness of psychotropic medication and its side effects were monitored.
B. The client reported that the medication has been effective in stabilizing his/her mood; the information is being relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been effective or helpful; this information is being relayed to the prescribing clinician.
D. The client has not taken the medication on a consistent basis and was encouraged to do so.

11. Admit to Hospital (11)

A. The recommendation was made that the client be hospitalized in a medical facility because of his/her severe weight loss and seriously compromised health status.
B. The client was admitted into a medical hospital because of his/her severe weight loss and serious health problems.
C. Medical hospitalization was not deemed necessary at this time, although the client's weight and food intake will continue to be closely monitored in the future.

12. Discuss Eating Disorders Model (12)

A. A discussion was held with the client regarding a model of eating disorder development.
B. The client was taught about concepts such as sociocultural pressures to be thin, vulnerability to overvalue body shape and size in determining self-image, maladaptive eating habits, maladaptive compensatory weight management behaviors, and resultant feelings of low self-esteem.
C. The client was taught about concepts related to eating disorders as described in *Overcoming Binge Eating* (Fairburn).
D. The client displayed a clear understanding of the concepts related to eating disorders, and he/she was provided with positive feedback about this insight.
E. The client struggled to understand the information related to eating disorders and was provided with additional feedback in this area.

13. Discuss Rationale for Treatment (13)

A. The rationale for treatment was discussed with the client, including the use of cognitive and behavioral procedures to break the cycle of thinking and behaving that promotes poor self-image, uncontrolled eating, and unhealthy compensatory actions.
B. The client was assigned "Creating a Preliminary Health Plan" from the *Addiction Homework Planner*, 4th ed. (Finley and Lenz).

C. The rationale for treatment was emphasized, including the building up of physical and mental health–promoting eating practices.
D. The client was reinforced for his/her clear understanding of the rationale for treatment.
E. The client did not have a clear understanding of the rationale for treatment and was provided with remedial information in this area.
F. The client has not completed the assigned homework on developing a plan for his/her health, and was reminded to do so.

14. Assign Reading Materials (14)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on the development and treatment of eating disorders.
B. The client was directed to read selected portions of *Overcoming Binge Eating* (Fairburn).
C. The client has read the assigned information on the development and treatment of eating disorders, and key concepts were processed.
D. The client has not read the assigned information on eating disorders and was redirected to do so.

15. Assign Self-Monitoring Record (15)

A. The client was assigned to self-monitor and record food intake, thoughts, and feelings.
B. The client was assigned "A Reality Journal: Food, Weight, Thoughts and Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was assigned the use of "Daily Record of Dysfunctional Thoughts" from *Cognitive Therapy of Depression* (Beck, Rush, Shaw, and Emery).
D. The client's journal was processed with a focus on challenging maladaptive patterns of thinking and behaving.
E. The client was assisted in replacing maladaptive patterns of thinking and behaving with adapted alternatives.
F. The client has not kept a journal record of food intake, thoughts, and feelings, and he/she was redirected to do so.

16. Establish Minimum Daily Caloric Intake (16)

A. The client's minimum daily caloric intake was established.
B. A consultation was held with the client's physician and/or nutritionist about establishing a minimum daily caloric intake.
C. The client verbally agreed to consume enough food to meet the minimum daily caloric intake.
D. The client agreed to terminate dysfunctional eating behavior.
E. The client was supported for his/her elimination of dysfunctional eating behavior.
F. The client has continued to practice dysfunctional eating behavior and was reminded of the need to discontinue this type of behavior.

17. Set Weight Goals (17)

A. The client was helped to establish healthy weight goals using the Body Mass Index.
B. The client was helped to establish healthy weight goals using the Metropolitan Height and Weight Tables.

18. Provide Feedback about Weight (18)

A. The client's weight was consistently monitored.
B. Realistic feedback was provided to the client in regard to his/her body thinness.

19. Monitor Fluid Intake and Electrolyte Balance (19)

A. The client's food intake and electrolyte balance were monitored.
B. The client was provided with realistic feedback on his/her progress toward the goal of balance in fluid intake and electrolytes.
C. The client was provided with positive feedback for his/her appropriate electrolyte balance.
D. The client was provided with realistic feedback that his/her electrolytes are out of balance.

20. Refer for Ongoing Fluid/Electrolyte Monitoring (20)

A. The client was noted to have fluid and electrolyte imbalances.
B. The client was referred back to his/her physician for monitoring of fluids and electrolytes.
C. The client has been regularly assessed for his/her fluid and electrolyte balances.
D. It was reflected to the client that his/her improved nutritional habits have discontinued the need for ongoing fluid and electrolyte monitoring.

21. Assess External and Internal Cues (21)

A. The client was assessed for external cues such as persons, objects, or situations that precipitate his/her uncontrolled eating and/or compensatory weight management behaviors.
B. The client was assessed for internal cues such as thoughts, images, and impulses that contribute to his/her uncontrolled eating and/or compensatory weight management behaviors.
C. The client displayed significant insight as he/she identified many external and internal cues for his/her uncontrolled and/or compensatory weight management behaviors.
D. The client struggled to identify many external or internal cues, and he/she was provided with tentative examples of these types of cues.

22. Develop Hierarchy of Triggers (22)

A. The client was directed to develop a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
B. The client was helped to list many of the high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
C. The client was assisted in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.
D. The client's journaling was used to assist in developing a hierarchy of high-risk internal and external triggers for uncontrolled eating and/or compensatory weight management behaviors.

23. Assist in Developing Insight (23)

A. The client was assisted in developing an awareness of his/her automatic thoughts and underlying assumptions, associated feelings, and actions that lead to maladaptive eating and weight control practices.
B. The client was assisted in developing insight into his/her poor self-image, distorted body image, perfectionism, fear of failure, and/or rejection or fear of sexuality.

C. The client was reinforced for his/her increased awareness of automatic thoughts, underlying associated feelings, and actions that lead to maladaptive eating and weight control practices.
D. The client struggled to develop insight into his/her eating disorder dynamics, and he/she was provided with tentative examples in this area.

24. Identify/Replace Negative Cognitive Messages (24)

A. The client was helped to identify the negative cognitive messages that he/she uses to avoid consuming a normal amount of food.
B. The client was given the homework assignment, "Fears Beneath the Eating Disorder" from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis) to help identify the irrational fears that contribute to his/her eating disorder behaviors.
C. The client was given a homework assignment to record in a journal one positive statement each day about himself/herself or his/her body size.
D. The client was trained to establish realistic cognitive messages regarding his/her food intake and body image.
E. The client failed to complete the homework assignment regarding negative cognitions and was redirected to do so.

25. Conduct Exposure and Ritual Prevention (25)

A. Repeated exposures to the client's high-risk situations were conducted, with an emphasis on ritual prevention.
B. Additional exposures to the client's high-risk situations were selected with a bias toward those that would have a high likelihood of being a successful experience for the client.
C. The client was prepared and rehearsed his/her high-risk situations within the session.
D. Cognitive restructuring techniques were used within and after the exposure to high-risk situations.
E. The client's use of exposure and ritual prevention was reviewed and processed within the session.

26. Assign Experiment or Exposure Exercise Homework (26)

A. The client was assisted in identifying a behavioral experiment or exposure exercise that could be repeated as a homework assignment.
B. The client's behavioral experiment or exposure exercise homework was reviewed.
C. Cognitive restructuring techniques, success reinforcement, and corrective feedback were used to help process and reinforce the client's homework exercises.
D. The client has not done homework exercises of repeating the in-session behavioral experiment or exposure exercise, and he/she was redirected to do so.

27. Conduct Interpersonal Therapy (27)

A. Interpersonal therapy techniques were used to help identify themes that may be supporting the eating disorder.
B. The client was assisted in assessing the "interpersonal inventory" of important past and present relationships as themes that may be supporting the client's eating disorder.

C. The client was assisted in listing issues from past or present relationships, such as interpersonal disputes, role transitions, and/or interpersonal deficits.
D. The client's themes that support eating disorder symptoms were identified and processed.

28. Teach Conflict Resolution Skills (28)

A. The client was taught conflict resolution skills such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.
B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client reported implementation of conflict resolution skills in his/her daily life and was reinforced for this utilization.
D. The client reported that resolving interpersonal conflicts has contributed to lessening his/her eating disorder concerns.
E. The client has not used conflict resolution skills and was provided with specific feedback about when to implement his/her skills.

29. Help Resolve Interpersonal Problems (29)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
C. The client was taught active problem-solving techniques to help him/her resolve interpersonal problems.
D. It was reflected to the client that he/she has significantly reduced his/her interpersonal problems.
E. The client continues to have significant interpersonal problems, and he/she was provided with remedial assistance in this area.

30. Address Interpersonal Conflict through Joint Session (30)

A. A conjoint session was held to assist the client in resolving interpersonal conflicts with his/her partner.
B. The client reported that the conjoint sessions have been helpful in resolving interpersonal conflicts with his/her partner and that this has contributed to a lifting of his/her depression.
C. It was reflected that ongoing conflicts with a partner have fostered feelings of depression and hopelessness.

31. Discuss Lapse versus Relapse (31)

A. The client was assisted in differentiating between a lapse and a relapse.
B. A lapse was associated with the initial and reversible return of eating disorder symptoms.
C. A relapse was associated with decision to return to eating disorder behaviors.
D. The client was reinforced for his/her ability to respond to a lapse without relapsing.

32. Identify and Rehearse Response to Lapse Situations (32)

A. The client was asked to identify the future situations or circumstances in which lapses could occur.
B. The client was asked to rehearse the management of his/her potential lapse situations.

C. The client was reinforced as he/she identified and rehearsed how to cope with potential lapse situations.
D. The client was provided with helpful feedback about how to best manage potential lapse situations.
E. The client declined to identify or rehearse the management of possible lapse situations, and this resistance was redirected.

33. Encourage Use of Therapy Strategies (33)

A. The client was encouraged to routinely use strategies used in therapy.
B. The client was urged to use continued exposure to external and internal cues that arise.
C. The client was reinforced for his/her regular use of therapy techniques when experiencing cues for eating disorder behaviors.
D. The client was unable to identify many situations in which he/she has used therapy techniques, and he/she was redirected to seek these situations out.

34. Schedule Maintenance Sessions (34)

A. Maintenance sessions were proposed to help maintain therapeutic gains and adjust to life without anger outbursts.
B. The client was reinforced for agreeing to the scheduling of maintenance sessions.
C. The client refused to schedule maintenance sessions, and this was processed.

35. Probe Relationship between Feelings and Eating/Addictive Behavior (35)

A. The client was taught the connection between his/her feelings of anger, sadness, or fear of abandonment, and his/her dysfunctional eating behavior and other addictive behaviors.
B. The client verbalized an understanding of the connection between his/her suppressed emotional conflicts and his/her unhealthy food usage and other addictive behaviors; this insight was reinforced.
C. The development of insight has been noted to help the client to resolve his/her eating problems and other addictive behaviors.
D. The client struggled to identify any relationship between his/her feelings of anger, sadness, or fear of abandonment, and his/her eating and addictive behaviors; tentative examples were provided.

36. Identify Abandonment Triggers (36)

A. The client was assisted in identifying triggers for fear of abandonment.
B. The client was assisted in identifying a variety of possible historical causes for his/her feelings of fear of abandonment.
C. The client identified a connection between the historical causes, current triggers, and fear of abandonment; this insight was reinforced.
D. The client struggled to identify triggers for fear of abandonment or the historical causes for this fear; tentative examples were provided.

37. Teach Communication Skills (37)

A. The client was taught about skills related to listening, using "I" statements, and sharing feelings.

B. The client was reinforced as he/she displayed understanding about basic skills related to listening, using "I" statements, and sharing feelings.
C. The client was reinforced for displaying an increased use of listening, using "I" statements, and sharing feelings.
D. The client was assigned the task of implementing listening skills and "I" messages in daily life.
E. The client's experiences of using listening skills and "I" messages were monitored, reviewed, and reinforced within the session.
F. The client has not used listening and "I" message skills, and was redirected to do so.

38. Assign Positive Body Characteristics (38)

A. The client was assigned the task of listing positive characteristics of his/her body.
B. The client was reinforced as he/she identified a variety of positive characteristics of his/her body.
C. The client's list of positive characteristics of his/her body was processed within the session.
D. The client has not been able to develop a list of positive body characteristics, and was encouraged to do so.

39. Teach Relaxation Techniques (39)

A. The client was taught deep muscle relaxation, rhythmic breathing, and positive imagery as ways of reducing muscle tension when experiencing negative emotions that are related to eating disorder and addiction behavior.
B. The client was urged to implement the use of relaxation techniques as a substitute for eating disorder or addictive behaviors.
C. The client has implemented the relaxation techniques and has reported decreased reactivity when experiencing negative emotions; this progress was emphasized.
D. The client has not implemented the relaxation techniques, and continues to feel a great deal of stress as well as eating disorder and addiction behaviors.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of eating disorder symptoms.
B. The client produced treatment outcome test scores indicating improvement on eating disorder symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on eating disorder symptoms, and these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

FAMILY CONFLICTS

CLIENT PRESENTATION

1. Dysfunctional Relationships (1)*

A. The client identified an atmosphere of frequent conflict with family members.
B. The client identified that many of the relationships within the family have become dysfunctional.
C. The client is beginning to interact in a healthier manner toward family members.
D. The client reported increased harmony and support between family members.

2. Fights, Arguments, and Disputes (2)

A. The client reported a repeated pattern of physical fights, verbal arguments, and unresolved disputes between family members.
B. The client identified that he/she has been involved in encounters that resulted in physical injuries to others, strong verbal comments, or ongoing, unresolved issues.
C. The client displayed no remorse related to the pattern of physical fights, verbal arguments, or unresolved disputes within the family.
D. As the client has progressed in therapy, his/her pattern of physical fights, verbal arguments, and unresolved disputes has decreased.

3. Poor Communication (3)

A. The client and his/her family displayed poor communication skills, which contributed to the inability to solve family problems.
B. The client displayed his/her difficulty in communication within the session.
C. The client acknowledged his/her pattern of poor communication within the family.
D. As the client has progressed in therapy, he/she has increased his/her communication skills and has been more able to solve family problems.

4. Physical and/or Verbal Abuse (4)

A. The client has described a pattern of physical and/or verbal abuse toward family members.
B. The client's family members indicated an ongoing pattern of physical and/or verbal abuse by the client.
C. The client's pattern of physical and/or verbal abuse has led to alienation from family members.
D. As the client has developed better communication skills, his/her pattern of physical and/or verbal abuse has decreased.

5. Addictive Behavior to Cope with Family Conflict (5)

A. The client described a history of addictive behavior used to cope with feelings of anger, alienation, and depression related to conflict within the family.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. Family members confirmed a pattern of addictive behavior related to conflict within the family.
C. The client acknowledged that his/her addictive behavior, used as a coping technique for negative feelings related to family conflict, must be replaced by abstinence and constructive interventions to reduce family conflict.
D. The client has committed himself/herself to a plan of abstinence from addictive behaviors and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by his/her family.

6. Unresolved Conflicts Leading to Alienation (6)

A. The client described that unresolved conflicts have led to long, sustained periods of distrust and alienation from other family members.
B. Overtures have been made to bridge the gap between the client and other family members, in order to build a strong, supportive relationship.
C. The client is now in regular contact with family members and feels as if he/she is an accepted member of the family.

7. Periods of Noncommunication (7)

A. The client has identified long periods of noncommunication between himself/herself and family members.
B. The client is resistant to reestablishing communication with family members, due to unresolved conflicts.
C. The client has made attempts to become more involved with family members.
D. The client reports becoming involved with his/her family members on a regular basis.

8. Lack of Family Support for Recovery (8)

A. The client identified that his/her family is not supportive of his/her recovery.
B. The client identified incidental and purposeful attempts by family members to thwart his/her recovery.
C. The client has confronted his/her family members regarding their lack of support for his/her recovery.
D. The client reported that his/her family has become more supportive of his/her recovery.

9. Poor Recovery Environment (9)

A. The client identified that addictive behaviors by other family members have continued.
B. The client identified that his/her recovery is in jeopardy due to his/her family members providing a poor recovery environment.
C. The client identified specific steps that he/she is taking to develop a better recovery environment.
D. The client's family members have begun their own recovery process, which has assisted the client in becoming more stable in his/her recovery.

10. Adult Child in Parent Home (10)

A. The adult child continues to live in the parental home without consistent effort to emancipate.

B. The adult child continues to be financially and emotionally dependent on the parent(s).
C. As treatment has progressed, the adult child has started to become less financially and emotionally dependent on the parent(s).
D. The adult child has become financially and emotionally independent, and has emancipated from his parent's home.

INTERVENTIONS IMPLEMENTED

1. Explore Powerlessness (1)*

A. The client was probed for feelings of powerlessness that have resulted from using addiction to cope with family conflicts.
B. The client was asked to identify family conflicts in which he/she has felt powerless and unable to manage the situation.
C. The client was able to identify his/her own feelings of powerlessness and unmanageability that have resulted from using addiction to cope with family conflicts.
D. The client rejected any ideas related to his/her feeling powerless; tentative examples were provided.

2. Teach about the Cycle of Family Conflicts and Addiction (2)

A. The client was assisted in understanding the vicious cycle that results from reacting to family conflicts with addictive behaviors.
B. Active listening skills were used as the client identified a pattern of his/her addictive behavior causing more family conflicts, which led to more addictive behavior.
C. As the client's recovery has progressed, his/her pattern of family conflicts have been noted to be decreased, as well as his/her pattern of addictive behaviors.

3. Explore Family Conflict History (3)

A. The client's history of family conflict was reviewed.
B. The client was assisted in identifying the nature of and causes for the current family conflicts.
C. The client struggled to identify some of the causes for the current family conflicts, and was provided with tentative examples.

4. Administer Assessment for Family Issues (4)

A. The client was administered psychological instruments designed to objectively assess family issues.
B. The Family Environment Scale (FES) was administered to the client and/or family members.
C. The Family Relationship Inventory (FRI) was administered to the client and/or family members.
D. The Family System Test (FAST) was administered to the client and/or family members.
E. The assessment of family issues indicated minimal concerns; these results were reported to the client and family members.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

F. The results of the assessment for family issues indicated significant concerns; these results were reported to the client and family members.
G. The client and/or significant others refused to participate in the psychological assessment of these issues, and the focus of treatment was turned toward this defensiveness.

5. Teach Relationship between Childhood and Current Conflicts (5)

A. The client was taught about the common relationship between family-of-origin childhood conflicts and current family conflicts.
B. The client was taught specific syndromes of thought and behavior, which often repeat from one generation to another.
C. The client was assigned to write a detailed account of how his/her family-of-origin conflicts and current family conflicts are related and repeated.
D. The client was noted to display an understanding of the relationship between the family-of-origin family conflicts and current family conflicts through the written account of how these two are related.
E. The client has not completed the assigned account of how the family-of-origin conflicts and current family conflicts are related, and was redirected to do so.

6. Identify Power and Control Issues (6)

A. The client was assisted in identifying how he/she has attempted to seize power and control within the family.
B. The client was able to identify several examples of how he/she has attempted to seize power and control within the family, and the effects of this pattern; these examples were processed.
C. The client denied any pattern of attempting to seize power and control within the family; tentative examples were provided.

7. Explore Independence in Healthy Families (7)

A. The client was assisted in becoming more aware of how respect for independence and autonomy occur in a healthy family.
B. The client was assisted in identifying how power struggles occur when independence and autonomy are not provided, which leads to unresolved family conflict.
C. The client expressed insight into issues related to independence and autonomy in healthy family relationships and how power struggles have led to unresolved family conflicts; this insight was reinforced.
D. The client has struggled to understand issues related to independence and autonomy, and continues to have significant power struggles in family relationships; additional feedback was provided.

8. Explore Family Members' Perspective (8)

A. Family members were asked to describe the nature, frequency, and intensity of their conflict with one another.
B. The causes of family conflict were explored from the perspective of each family member.
C. The client and family were assigned "Identifying Conflict Themes" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).

D. The client was assisted in outlining the nature of the family conflicts and his/her perspective on the causes for them.

9. Facilitate Family Solutions (9)

A. Within a family session, each family member was assisted in identifying what he/she could do to reduce family conflict and heal wounds of the past.
B. Individual family members were assisted in identifying solutions that they could implement to reduce family conflict and heal wounds of the past.
C. Family members were reluctant to identify and commit to specific solutions for family conflict issues; they were urged to do so as they felt able.

10. Develop a Conflict Resolution Contract (10)

A. The family members were assisted in developing a written contract that outlines what each family member will do to resolve family conflict.
B. Family members were willing to participate in developing a written contract, with various family members contributing suggestions about how to resolve family conflict.
C. Family members reported implementation of the family conflict resolution contract; positive results were noted.
D. Family members resisted implementation of the conflict resolution contract, and were redirected to do so.
E. The client's family members could not cooperate enough to develop a written contract to resolve family conflicts; additional prompts were provided.

11. Review Conflict Resolution Implementation (11)

A. Family members' implementation of changes to reduce conflict were reviewed.
B. Family members described a variety of changes that have been successful in reducing conflict; this progress was reinforced.
C. The tendency to use projection to blame other family members was confronted within today's session.
D. The family has resisted implementing changes to reduce conflict, and was redirected to use their agreed-upon conflict resolution techniques.

12. Teach Connection between Family Conflict and Addictive Behavior (12)

A. The family members were taught about the cyclical nature of addictive behavior causing more family conflicts, and family conflicts contributing to more addictive behavior.
B. The family members were noted to display an understanding of the reciprocal relationship between addictive behavior and family conflict.
C. There has been a noted decrease in addictive behavior and family conflicts.
D. Family members rejected the idea of a relationship between addictive behavior and family conflict; they were urged to monitor this dynamic.

13. Assign Letters to Family Members (13)

A. The client was assigned to write a letter to each family member, taking responsibility for problems in the past, sharing his/her feelings, and asking for what he/she would like from each family member to support his/her recovery.

B. The client has followed through with writing a letter to each family member regarding his/her responsibility for problems, feelings, and needs for recovery; the letters were processed within the session.
C. The client has decided to send the family members letters that contain admission of responsibility for problems; his/her expectations were developed.
D. The client has decided to talk with family members in person to discuss the content of the letter; his/her expectations were developed.

14. Confront Responsibility Avoidance (14)

A. The client was confronted when he/she was not taking responsibility for his/her own thoughts, feelings, behaviors, and contributions to family conflict, but placed blame on others.
B. The client was reinforced for owning responsibility for his/her role in the family conflict.
C. Support and encouragement were provided as the client acknowledged his/her contribution to the family conflict.
D. The client denied any pattern of contribution to the family conflicts, and was asked to monitor this dynamic.

15. Assign Family Members to Write a Letter to the Client (15)

A. The client's family members were assisted with writing a letter to the client, stating how they feel and asking for what they would like from him/her during recovery.
B. Each family member was asked to read the letter to the client in a family session.
C. In today's session, family members composed and read letters to the client, which he/she accepted.
D. Family members read the letters to the client, who was reluctant to accept the content of the letter; these letters were processed in session.
E. Family members have not followed through with writing letters to the client, and were asked again to do so.

16. Use Family Behavioral Therapy (16)

A. Family Behavior Therapy was conducted in accordance with the principles indicated in *Family Behavior Therapy* (Donahue and Azrin).
B. The client was referred for family behavioral therapy.
C. As the family has been treated with behavioral therapy principles, their progress has been reviewed.
D. The family has not engaged in family behavioral therapy, and was redirected to do so.

17. Identify Family Goals (17)

A. Each family member was asked to identify personal and family goals.
B. Each family member's personal family goals were reviewed; these goals were discussed toward identifying a set of realistic goals that can be tracked through therapy.
C. A set of realistic goals for the family therapy were developed.

18. Prioritize Treatment Goals (18)

A. Family members were asked to rate goals in terms of importance.

B. The family members' goal ratings were used to help develop a sequence of goals to structure treatment.
C. Family members were asked to commit to the sequence of treatment plan goals.

19. Teach Emergency Skills (19)

A. The client was taught skills tailored to identify emergencies and potential emergency situations.
B. The client was taught skills such as assertiveness, problem-solving, and how to make requests.
C. The client was urged to use his/her skills in emergency situations (e.g., violence, having utilities turned off due to nonpayment, medical emergencies, loss of job, eviction, unsanitary conditions).
D. The client was reinforced for using his/her assertiveness and problem-solving skills.
E. The client has not displayed use of problem-solving skills, and was redirected to do so.

20. Replace Substance Use Cues with Safe People and Activities (20)

A. The client was asked to identify people, places, and activities that increase the likelihood of substance use and associated behavior problems.
B. The client was urged to monitor, eliminate, or control the people, places, and activities that increase the likelihood of substance use.
C. The client was urged to increase time spent in activities that decrease the likelihood of drug use and associated behavior problems.
D. The client's use of healthier people, places, and situations was reviewed and reinforced.
E. The client has not made substantial changes in the people, places, and activities that increase the likelihood of drug use, and was redirected to do so.

21. Use Cognitive Self-Control Techniques (21)

A. The client was taught about cognitive therapy and self-control techniques.
B. The client was taught about identifying thoughts, urges, and emotional-physical sensations associated with drug use.
C. The client was taught to use thought-stopping and self-redirection to alternative, competing thoughts, feelings, and actions.
D. The client was assigned "Making Use of the Thought-Stopping Technique" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
E. The client was reinforced for his/her use of self-control techniques.
F. The client does not use self-control techniques, and was redirected to do so.

22. Teach Imaginal Rehearsal (22)

A. The client was taught self-control strategies through imaginal rehearsal.
B. The client was taught to imagine scenes in which he/she identifies family-linked triggers to drug use or problem behaviors, the types of thoughts, feelings, images, and actions that stops those thoughts; relaxes and reviews potential negative consequences and prosocial alternative actions.
C. The client was provided with feedback about his/her use of imaginal rehearsal.

D. The client was provided with suggestions for future improvement of his/her imaginal rehearsal.

23. Teach Parenting Skills (23)

A. The parents were taught parenting skills through role-play.
B. Attending, reinforcing, praising, tactile reinforcement, pleasant tone, and ignoring undesired behaviors were taught to the parents.
C. The parents were assigned homework to practice "catching the children being good" and ignoring undesired behaviors.
D. The parent's use of new parenting skills was reviewed and reinforced.

24. Teach Positive Parenting Techniques (24)

A. The parents were taught to discipline undesired behaviors by telling the child that the undesired behavior was at least partially a product of the situation.
B. The parents were taught to instruct the child to practice the desired behavior.
C. The parents were provided with homework to increase their use of discipline techniques.
D. The parents' use of discipline techniques was reviewed and ideas were provided for improvement.

25. Reinforce Behaviors Incompatible with Drug Use (25)

A. The family was assisted in developing positive reinforcement that increases behaviors incompatible with drug use.
B. The family was taught to positively reinforce school/work attendance, coming home when expected, doing chores, spending time with parents, and others behaviors incompatible with drug use.
C. The family was taught to restrict reinforces when drug use occurs.
D. The family was assigned "Using Reinforcement Principals in Parenting" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
E. The use of positive reinforcement for behaviors incompatible with drug use was reviewed and reinforced.

26. Assess Management of Stress (26)

A. The client was assessed for their current level of skill in managing everyday family stressors.
B. The client was assessed for his/her use of problem-solving, relaxation, positive parenting, and assertiveness skills.
C. Behavioral techniques were used to build skills to manage everyday family stressors.
D. The client was reinforced for his/her use of skills to manage common, everyday family stressors.

27. Teach Assertive Communication (27)

A. The client was taught assertive communication skills (e.g., calling someone, going to a meeting, using "I" messages, confrontational assertion).
B. Modeling, role-play, and behavioral rehearsal were used to help teach the client and family member's assertive communication skills.
C. The use of assertive communication skills was reviewed and reinforced.

D. The family has not developed assertive communication skills, and was redirected in this area.

28. Teach Problem-Solving Approach (28)

A. Modeling, role-playing, and behavioral rehearsal were used to teach the client and family members a problem-solving approach to conceptualizing and addressing problems.
B. The family was taught to define problems, generate options, evaluate the pros and cons of each option, develop a plan, implement the plan, reevaluate the plan, and adapt the plan.
C. The client and family was assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. Problem-solving approaches were reviewed and reinforced with the client and family.

29. Teach Conflict Measures (29)

A. The client was taught to use conflict management measures, including calling someone, going to a meeting, using "I" messages, accepting the responsibility for his/her own behaviors, turning it over to a higher power, and "stop, look, listen, think, and plan" before acting.
B. Family members were taught about conflict resolution techniques.

30. Practice Refusal of Alcohol/ Drugs (30)

A. Modeling, role-playing, and behavioral rehearsal were used to teach the client how to say "no" to alcohol/drugs.
B. The refusal of alcohol/drugs was practiced in several high-risk situations.
C. The client was reinforced for his/her skill at refusing alcohol/drugs in these practice situations.

31. Refer to Supported Employment Program (31)

A. The client was referred to a supported employment program to help with obtaining employment.
B. The client was coached on preparing for employment, searching for a job, and maintaining employment.
C. The client was reminded about the helpfulness of structuring his/her day through the use of regular employment.

32. Teach Financial Management Skills (32)

A. The client was taught financial management skills; including learning how to identify if the family has a financial deficit or a surplus.
B. The client was taught about managing income and prioritizing expenses.
C. The client was assigned "Plan a Budget" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was reinforced for his/her use of financial management skills.
E. The client has not appropriately used financial management skills, and was redirected to do so.

33. Tour Family Home (33)

A. A tour of the family home was conducted in order to praise efforts to prevent home hazards and maintain a clean, stimulating, and well-organized home.
B. Home health hazards were assessed, such as toxins, electrical hazards, adequate food, and maintenance of medical supplies.

C. Home cleanliness was reinforced.
D. Opportunities for social growth of children was assessed and reinforced.
E. The family members were prompted to recognize hazards and were praised for discovering and implementing discussion.

34. Plan Pleasurable Activities (34)

A. The family was assisted in identifying and planning several pleasurable family activities.
B. The family members were encouraged to make certain that all family members participate in family activities.
C. Options for family activities were provided, such as eating dinner together, going to church together, bowling, bike riding, playing table games, etc.
D. The family was assigned "Creating a Family Ritual" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
E. The family activity assignment was processed and the experience was redirected for conflict management.

35. Teach about a Higher Power (35)

A. The client was presented with information on how faith in a higher power can aid in recovery from addiction problems and family conflicts.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her own beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was urged to remain open to this concept.

36. Probe the Client's Fears of Emancipation (36)

A. Today's therapy session focused on the client's fear of independence and emancipation.
B. The client was helped to identify healthy and unhealthy ways to move toward greater independence and emancipation.
C. Today's therapy session revealed how the client's low self-esteem and fear of failure contributed to his/her fear of independence and emancipation.
D. The client was helped to realize that his/her movements toward independence and emancipation can occur gradually and in incremental steps.
E. Guided imagery was used to help the client to visualize what steps he/she needs to take in order to achieve future goals.

37. Confront the Continuation of Dependence Pattern (37)

A. The client's pattern of emotional and economic dependence on others was confronted.
B. The client acknowledged that he/she has avoided taking on consistent employment responsibilities that would allow for independent living; he/she was urged to rectify this pattern.
C. The client denied emotional dependence or avoidance of responsibility that has contributed to his/her continuing pattern of living dependently off others; he/she was provided with tentative examples in this area.

38. Develop Emancipation Plan (38)

A. The client was assisted in developing a written plan of emancipation that includes steady employment, paying his/her own expenses, and independent housing.
B. The client stated his/her goal of emancipation and has shared his/her plan of emancipation with others; his/her experience was reviewed.
C. The client has begun to implement the plan for emancipation, and was reinforced for doing so.
D. The client has continued to resist emancipation, and his/her resistance was processed.

39. Develop an Aftercare Plan (39)

A. The client was assisted in developing an aftercare plan that will support recovery from addictive behavior and family conflicts, including regular attendance at AA/NA meetings.
B. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist); this plan was critiqued.
C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare plan.
D. The client has not followed through on his/her aftercare plan, and was redirected to do so.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of family conflicts.
B. The client produced treatment outcome test scores indicating improvement on family conflicts symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on family conflicts, and these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

GAMBLING

CLIENT PRESENTATION

1. Unsuccessful Attempts to Decrease Gambling (1)*

A. The client reported repeated unsuccessful attempts to stop or cut down on gambling.

B. The client reported difficulty in cutting down or stopping gambling despite the verbalized desire to do so and acknowledgment of the many negative consequences that continued gambling brings.

C. The client reported that he/she has been able to decrease his/her gambling behavior.

D. The client reported being able to maintain a life free of gambling behavior for an extended period of time.

E. The client reported that he/she feels confident that he/she will be able to maintain his/her abstinence from gambling.

2. Denial of Problem (2)

A. The client presented with denial regarding the negative consequences of his/her gambling behavior, in spite of direct feedback from others about its negative impact.

B. The client's denial is beginning to break down as he/she is acknowledging that gambling behavior has created problems in his/her life.

C. The client now openly admits to the severe negative consequences that have resulted from his/her gambling.

3. Distorted Beliefs (3)

A. The client has maintained a distorted belief that more gambling will certainly result in a windfall of profit that will more than equal previous financial losses.

B. The client's poor understanding of probability has supported his/her distorted beliefs regarding recovering financial losses.

C. The client has identified that he/she will be unlikely to recoup previous financial losses through the use of more gambling.

D. The client has discontinued his/her gambling behavior and has abandoned the fantasy of recouping previous losses.

4. Persistent Problems Due to Gambling (4)

A. The client identified a variety of secondary problems that have occurred due to his/her gambling behavior, including physical, legal, financial, vocational, social, or relationship problems.

B. The client acknowledged that gambling has caused his/her secondary problems, and described a commitment to resolve these problems through discontinuing his/her gambling behavior.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client has decreased his/her gambling behavior, and has experienced improvements in physical, legal, financial, vocational, social, and relationship areas.
D. The client has discontinued his/her gambling behaviors, and has seen improvements in his/her physical, legal, financial, vocational, social, and relationship problems.

5. Suspension of Activities (5)

A. The client has suspended his/her involvement in important social, recreational, and occupational activities because they interfere with his/her gambling lifestyle.
B. The client is beginning to recognize that all other aspects of his/her life have become secondary to the primary object of gambling.
C. The client is resuming his/her responsibilities in the area of social, recreational, and occupational activities as he/she becomes established in a recovery lifestyle.

6. Restlessness and Irritability (6)

A. The client demonstrated restlessness and irritability within the session.
B. The client reported that he/she has experienced restlessness and irritability when attempting to stop gambling.
C. As therapy has progressed, the client has displayed decreased patterns of restlessness and irritability, due to a suspension or decrease in gambling behavior.
D. It was evident within the session that the client has become more relaxed and less agitated.

7. Loss of Time (7)

A. The client reported frequent experiences of losing track of time when he/she has been gambling.
B. The client acknowledged that his/her gambling behavior has been out of control, as evidenced by losing track of time during his/her gambling behavior.
C. As the client has decreased his/her gambling behavior, he/she reports decreased experiences of losing track of time.

8. Physical Withdrawal Symptoms (8)

A. The client acknowledged that he/she has experienced physical withdrawal symptoms (e.g., nausea, headaches, sweating, anxiety, insomnia) when he/she has attempted to go without gambling for any length of time.
B. The client's physical symptoms of withdrawal have eased as he/she stabilized and maintained abstinence from gambling behavior.
C. The client is exhibiting no further evidence of physical withdrawal symptoms.

9. Legal Problems (9)

A. The client has been arrested and has legal charges pending due to gambling-related offenses (e.g., bad checks, forgery, embezzlement, theft).
B. The client reports a history of legal charges and/or convictions related to gambling-related offenses.
C. The client's legal charges have been processed, and a sentence has been handed down.
D. The client reports that he/she is appropriately dealing with pending legal concerns by following through with court expectations.

E. The client reported living an offense-free lifestyle, and does not need to commit gambling-related offenses to support his/her gambling habit.

10. Large Investment in Gambling Activities (10)

A. The client described expending an excessive investment of time, money, and effort in order to participate in gambling activities.

B. As the client has stabilized in a recovery program, he/she has discovered large amounts of time to give to constructive activity.

11. Loss of Control (11)

A. The client has frequently participated in greater amounts of gambling behavior, for longer periods of time than intended.

B. The client has been unable, in spite of making promises to himself/herself and others to reduce the frequency of gambling behavior, to consistently fulfill those promises.

C. The client described many instances of telling himself/herself that he/she would only participate in a small amount of gambling for a brief time, but instead became consumed by the gambling behavior.

D. The client reported that he/she no longer participates in gambling behavior.

12. Substance Abuse (12)

A. The client reported the use of mind-altering substances (i.e., drugs or alcohol) concurrent to his/her gambling behavior.

B. The client reported using mind-altering substances to help cope with stress related to his/her gambling losses.

C. As the client has decreased and discontinued his/her gambling behavior, his/her concurrent substance abuse has also diminished.

INTERVENTIONS IMPLEMENTED

1. Gather Gambling History (1)*

A. The client was asked to describe his/her gambling behavior in terms of the amount and pattern of gambling and negative consequences that have resulted from gambling behaviors.

B. The client was asked to describe the negative consequences that his/her gambling behavior has had on his/her family.

C. Active listening was provided as the client openly discussed his/her gambling history and gave complete data regarding its nature and extent.

D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of his/her gambling problem.

E. The client minimized his/her gambling behaviors and did not give reliable data regarding the nature and extent of his/her problem; he/she was urged to be more open.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

2. Administer Assessment for Gambling (2)

A. The client was administered psychological instruments designed to objectively assess gambling behaviors.
B. The client was administered the Maroondah Assessment Profile for Problem Gambling (G-MAP).
C. The client has completed the assessment of gambling behaviors, but minimal symptoms were identified; these results were reported to the client.
D. The client has completed the assessment of gambling behaviors, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of gambling behaviors, and the focus of treatment was turned toward this defensiveness.

3. Assign a Didactic Gambling Program (3)

A. The client was assigned to attend a gambling didactic series to increase his/her knowledge of the patterns and effects of gambling.
B. The client attended the gambling didactic series and key points were processed.
C. Today's session focused on the client's increased understanding of the patterns and effects of gambling, including how this has affected him/her.
D. The client did not attend the gambling didactic series, and he/she was redirected to do so.

4. Process Didactic Information (4)

A. The client was asked to identify several key points learned from attending each didactic session on gambling.
B. The client identified key points from the gambling didactic information, and these were processed within the group session.
C. The client has struggled to understand the didactic information related to gambling, and was assisted in developing a greater understanding of this information.

5. Teach about Cross-Tolerance (5)

A. The client was taught about cross-tolerance (i.e., one drug or addictive behavior causing tolerance to develop for another).
B. The client reported having read cross-tolerance information, and was able to process key points from the reading with the clinician.
C. The client was helped to identify his/her own experience of cross-tolerance, as identified in the information provided.
D. The client has not learned about cross-tolerance, and he/she was provided with additional information in this area.

6. Assign GA's *Combo Book* (6)

A. The client was required to read the Gamblers Anonymous's (GA) *Combo Book,* and gather five key points from it to process with the clinician.
B. The client reported having read GA's *Combo Book,* and was helped to identify five key points that were pertinent to his/her gambling pattern.
C. The client has not read GA's *Combo Book,* and he/she was redirected to do so.

7. List Negative Consequences (7)

A. The client was asked to list the ways in which gambling has negatively impacted his/her life, and to process this list.
B. The client was noted to minimize the negative impact of his/her gambling behavior on his/her life.
C. The client has listed the negative impacts of gambling behaviors on his/her life and acknowledged the negative consequences that he/she has experienced; this insight was reviewed.
D. The client has not listed the negative impacts of gambling upon his/her life, and he/she was redirected to do so.

8. Assign First-Step Paper (8)

A. The client was assigned to complete a GA first-step paper and to share it with his/her group and the therapist.
B. The client was assigned "Understanding Nonchemical Addiction" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client completed a first-step paper; as it was reviewed, the client acknowledged that gambling behavior and other addictions have dominated his/her life.
D. The client failed to complete the first-step paper, and he/she was redirected to do so.
E. The client did not complete the assigned exercise and was redirected to do so.

9. Assess for Depression and/or Trauma (9)

A. The client was assessed for depression symptoms, as well as for a history of abuse, neglect, and other traumas that may contribute to underlying emotional pain.
B. The client was assisted in identifying a pattern of depression symptoms related to his gambling behavior.
C. Active listening was provided as the client identified a history that included abuse, neglect, and/or other traumas that contribute to underlying emotional pain.
D. The client denied any pattern of depression, abuse, neglect, or other traumas in his/her history; this was accepted at face value.

10. Explore Gambling as an Escape (10)

A. The client's use of gambling as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client was reinforced as he/she acknowledged using gambling as a way to escape from stress, emotional pain, and/or boredom.
C. The client was confronted for his/her negative consequences of his/her pattern of escapism.
D. The client has identified that he/she has decreased his/her gambling behavior as a way to escape stress, emotional pain, and/or boredom; this progress was reinforced.
E. The client denied the idea that gambling has been used as an escape from stress; he/she was reminded to monitor this dynamic.

11. Probe Guilt and Shame Issues (11)

A. The client was probed for his/her sense of shame, guilt, and low self-worth that has resulted from gambling and its consequences.

B. Active listening was used as the client reported significant patterns of shame, guilt, and low self-worth due to his/her gambling and its consequences.
C. The client denied any pattern of shame, guilt, and low self-worth; this was accepted at face value.

12. Develop an Understanding of Contributors to Problem Gambling (12)

A. The client was assisted, through using his/her biopsychosocial history data, in understanding the familial, emotional, and social factors that have contributed to his/her development of problem gambling.
B. The client was assisted in identifying an increased understanding of the familial, emotional, and social factors that have contributed to the development of problem gambling.
C. The client reported a decrease in gambling behaviors due to greater understanding of the factors that have contributed to it; this progress was reinforced.
D. The client denied any familial, emotional, and social factors that have contributed to the development of problem gambling; this was accepted at face value.

13. List Reasons for Abstinence (13)

A. The client was asked to list at least 10 positive effects that abstinence from gambling could have on his/her life.
B. The client was assigned "What Price Am I Willing to Pay?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client produced a list of positive effects of abstinence from gambling, and this list was processed and reinforced.
D. The client was assisted in making a list of positive effects of abstinence from gambling, and this list was processed and reinforced.
E. The client has not made a list of positive effects of abstinence from gambling, and he/she was redirected to do so.
F. The client did not complete the assigned exercise and was redirected to do so.

14. Review Dishonesty and Gambling (14)

A. The client was assisted in understanding that dishonesty goes along with gambling and that honesty is necessary for recovery.
B. The client was asked to list 10 lies that he/she has told to hide gambling.
C. The client developed a list of lies that he/she has told to hide gambling, and these were reviewed.
D. The client was assigned *The Gambling Addiction Patient Workbook* (Perkinson).
E. Support was provided as the client acknowledged the pattern of dishonesty that supported his/her gambling behavior and reported increased honesty during recovery.
F. The client denied any pattern of dishonesty to hide gambling; he/she was provided with examples of how this occurs.
G. The client did not complete the assigned exercises and was redirected to do so.

15. Teach about a Higher Power (15)

A. The client was presented with information on how faith in a higher power can aid in recovery from gambling and addictive behaviors.

B. The client was assisted in processing and clarifying his/her own ideas and feelings of the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was encouraged to remain open to this concept.

16. Assign Step Three Exercise (16)

A. Today's session focused on teaching the client about GA's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and to record the experiences in a journal.
C. The client's experiences of turning problems over to his/her higher power were processed.
D. The client reported a decrease in gambling behavior since turning problems over to a higher power each day; this progress was emphasized.
E. The client struggled with the concept and implementation of turning his/her problems over to a higher power; ways to do this were brainstormed.

17. Teach Problem-Solving Techniques (17)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, about a specific problem-solving technique (e.g., write the problem, think accurately, list the options of action, evaluate alternatives, act, monitor results).
B. Examples of implementing problem-solving techniques were role-played.
C. As the client recounted instances of using problem-solving techniques in day-to-day situations, these were processed.
D. The client has not been able to use problem-solving techniques, and he/she was redirected to do so.

18. Conduct Motivational Interviewing (18)

A. Motivational Interviewing techniques were used to help assess the client's preparation for change.
B. The client was assisted in identifying his/her stage of change regarding his/her substance abuse concerns.
C. It was reflected to the client that he/she is currently building motivation for change.
D. The client was assisted in strengthening his/her commitment to change.
E. The client was noted to be participating actively in treatment.

19. Refer to a Physician (19)

A. The client was referred to a physician/psychiatrist who is familiar with both mental illness and addiction issues for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications and was monitored for compliance with his/her psychotropic medication regimen.
D. The client was provided with positive feedback about his/her regular use of psychotropic medications.

E. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
F. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
G. The client declined evaluation by a physician for a prescription of psychotropic medication and was redirected to cooperate with this referral.
H. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

20. Use Cognitive Behavioral Therapy with Relapse Prevention (20)

A. The client was referred for cognitive behavioral therapy with relapse prevention.
B. Individual therapy was provided to the client using cognitive behavioral therapy techniques with a focus on relapse prevention.
C. Group therapy was provided to the client using cognitive behavioral therapy techniques and relapse prevention principals.
D. The client was assisted in understanding the factors contributing to his decision to gamble, and how to prevent relapse by resolving these conditions.
E. The client has engaged in cognitive behavioral therapy focusing on relapse prevention techniques, and his/her progress was reviewed.
F. The client has not engaged in cognitive behavioral therapy focusing on relapse prevention techniques, and his/her lack of progress was reviewed.

21. Identify Sobriety Expectations (21)

A. The client was requested to write out basic expectations that he/she has regarding sobriety.
B. The client has identified specific expectations that he/she has regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.
C. As the client has been assisted in developing a more realistic expectation regarding his/her sobriety, he/she has felt more at ease and willing to work toward sobriety.
D. The client has not identified his/her expectations regarding sobriety and was redirected to do so.

22. Encourage Sobriety Despite Relapses (22)

A. Although the client has relapsed, he/she was refocused on the need for substance abuse recovery and on the need for sobriety.
B. As the client has received continued support for his/her recovery and sobriety despite his/her relapses, he/she has become more confident regarding his/her chances for success.
C. The client lacks confidence in his/her ability to obtain recovery and sobriety due to his/her pattern of relapses; this pessimism was challenged and processed.

23. Assign Good-Bye Letter/Abstinence Contract to the Addiction (23)

A. The client was assigned to write a good-bye letter to his/her addiction as a means of terminating his/her emotional and cognitive involvement with that addiction.
B. The client has followed through with writing the good-bye letter/abstinence contract for his/her addiction, and the contents of it were processed.

C. The client's feelings about writing the abstinence contract were processed.
D. The client reported that he/she felt some sense of relief at breaking emotional ties with his/her addiction; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned good-bye letter to his/her addiction and was redirected to do so.

24. Review Negative Peer Influence (24)

A. A review of the client's negative peers was performed, and the influence of these people on his/her gambling patterns was identified.
B. The client accepted the interpretation that maintaining contact with gambling friends would reduce the probability of successful recovery from his/her chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on his/her own recovery (e.g., sobriety buddies).
D. The client has begun to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery; he/she was reinforced for this progress.
E. The client has not attempted to reach out socially to sober individuals in order to develop a social network that has a more positive influence in his/her recovery and was reminded about this important facet of his/her recovery.

25. Plan Social and Recreational Activities (25)

A. A list of social and recreational activities that are free from association with gambling was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new recreational and social activities that will replace gambling-related activities.
C. The client has begun to make changes in his/her social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

26. Plan Household, Work-Related Activities, and Free-Time Projects (26)

A. A list of household, work, and free-time activities that are free from association with gambling was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new activities that will replace gambling-related activities.
C. The client has begun to make changes in his/her household, work-related, and free-time activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in his/her activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

27. Identify Sobriety's Positive Family Effects (27)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of his/her gambling addiction recovery.

B. The client reported that his/her family is enjoying a reduction in stress and increased cooperation since his/her gambling addiction recovery began; his/her reaction to these changes was processed.
C. The client was unable to identify any positive changes that have or could occur within family relationships as a result of his/her gambling addiction recovery and was provided with tentative examples in this area.

28. Explore Schema and Self-Talk (28)

A. The client's schema and self-talk that weaken his/her resolve to remain abstinent were explored.
B. The biases that the client entertains regarding his/her schema and self-talk were challenged.
C. The client was assisted in generating more realistic self-talk to correct for his/her biases and build resilience.
D. The client was provided with positive feedback for his/her replacement of self-talk and biases.
E. The client struggled to identify his/her self-talk and biases that weaken his/her resolve to remain abstinent and was provided with tentative examples in this area.

29. Rehearse Replacement of Negative Self-Talk (29)

A. The client was assisted in identifying situations in which his/her negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to his/her negative self-talk.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.
E. The client has not completed the assignments for generating positive self-talk, and was redirected to do so.

30. Teach about Coping Package (30)

A. The client was taught a variety of techniques to help manage urges to gamble.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk, and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).
D. The client has used his/her coping package techniques to help reduce his/her urges to gamble; this progress was reinforced.
E. The client has not used the coping package for managing urges to gamble and was redirected to do so.

31. Develop Hierarchy of Urge-Producing Cues (31)

A. The client was directed to construct a hierarchy of urge-producing cues to gamble.
B. The client was assigned "Identifying Relapse Triggers and Cues" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client was assigned "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).

D. The client was assisted in developing a hierarchy of urge-producing cues to gamble.
E. The client was helped to identify a variety of cues that prompt his/her use of substances.
F. The client has not completed the assignments to develop a better understanding of his/her urge-producing cues, and was redirected to do so.

32. Practice Response to Urge-Producing Cues (32)

A. The client was assisted in selecting urge-producing cues with which to practice, with a bias toward cues that are likely to result in a successful experience.
B. Behavioral techniques were used to help the client cognitively restructure his/her urge-producing cues.
C. The client's use of cognitive-restructuring strategies was reviewed and processed.

33. Assess Stress-Management Skills (33)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to his/her ability to meet role demands for work, social, and family expectations.
C. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.
D. The client was provided with positive feedback regarding his/her ability to manage common everyday stressors.
E. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

34. Assign Social and Communication Information (34)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

35. Differentiate between Lapse and Relapse (35)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

36. Discuss Management of Lapse Risk Situations (36)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was asked to identify how family and peer conflict contribute to his/her stress levels.
D. The client was reinforced for his/her appropriate use of lapse management skills.
E. The client was redirected in regard to his/her poor use of lapse management skills.

37. Identify Relapse Triggers (37)

A. The client was assisted in developing a list of potential relapse signs and triggers that could lead him/her back to gambling.
B. The client was assigned the "Relapse Triggers" exercise from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was requested to identify specific primary psychotic symptoms that affect his/her desire for gambling.
D. The client was supported for identifying specific primary psychotic symptoms and how these increase his/her desire for gambling.
E. The client was assisted in developing a specific strategy for constructively responding to his/her gambling addiction relapse triggers.
F. The client was reinforced for his/her successful implementation of the coping strategies for the gambling relapse triggers.
G. A review was conducted regarding the client's pattern of relapse subsequent to failing to use constructive coping strategies in a trigger situation.

38. Encourage Routine Use of Strategies (38)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring exposure).
B. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
D. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
E. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

39. Monitor and Redirect the Family Members' Enabling Behaviors (39)

A. The client's family was monitored for enabling behaviors.
B. The client's family members displayed a variety of enabling behaviors, and these were redirected during the family session.
C. The client's family members accepted their identified pattern of enabling behaviors, and indicated a desire to decrease such behaviors.
D. The client's family members rejected their behavior as enabling and have continued with these types of behaviors; additional feedback was provided.

40. Re-administer Psychological Instruments (40)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of gambling problems.

B. The client produced treatment outcome test scores indicating improvement on gambling problems symptoms; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating a lack of improvement on gambling problems, and these results were presented to the client.

41. Assess Satisfaction (41)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

GRIEF/LOSS UNRESOLVED

CLIENT PRESENTATION

1. Addictive Behavior to Cope with Grief (1)*

A. The client reported experiencing unresolved bereavement and using addictive behavior to cope with the grief.
B. The client has begun to process his/her bereavement, and has reported a decrease in addictive behavior.
C. As therapy has progressed, the client has worked through his/her bereavement and reported a discontinuation of addictive behavior used to cope with the grief.

2. Constant Thoughts of Lost Loved One (2)

A. The client reported thinking repeatedly of the lost loved one, resulting in an inability to move forward in life with new plans or other relationships.
B. As the client has expressed his/her emotions related to the lost loved one, he/she has reported a decreased pattern of the loss dominating his/her thought process.
C. The client has identified that he/she feels ready to move forward in life with new plans and new relationships.

3. Feelings of Guilt (3)

A. The client verbalized guilt over believing that he/she has not done enough for the lost significant other.
B. The client verbalized an unreasonable belief about having contributed to the death of the significant other.
C. The client's feelings of guilt have diminished.
D. The client reported that he/she no longer experiences guilt related to the loss.

4. Survivor Guilt (4)

A. The client identified feelings of guilt over being a survivor when others have died.
B. The client has begun to process his/her feelings of survivor guilt, and these feelings have diminished.
C. The client reports no longer feeling guilty for having survived when others have died.

5. Grief Avoidance (5)

A. The client has shown a pattern of avoidance of talking about the loss except on a very superficial level.
B. The client's feelings of grief are coming more to the surface as he/she faces the loss issue more directly.
C. The client is able to talk about the loss directly without being overwhelmed with feelings of grief.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Vegetative Symptoms of Depression (6)

A. The client described vegetative symptoms of depression, including lack of appetite, weight loss, sleep disturbance, anhedonia, and a lack of energy since experiencing the loss.
B. The client's vegetative symptoms of depression have diminished as he/she has begun to resolve the feelings of grief.
C. The client's depression symptoms have lifted.

7. Depression and Sadness Prompted by Thoughts of the Loss (7)

A. The client reported waves of depression, grief, and tearfulness brought on by thoughts about the lost loved one.
B. The client's tearful spells have diminished somewhat in frequency.
C. The client reported better control over his/her emotions and no symptoms of spontaneous, severe depression.

8. Suicide Thoughts (8)

A. The client expressed that he/she is experiencing suicide thoughts, but is not taking action on these thoughts.
B. The client reported suicide thoughts that have resulted in suicide gestures.
C. The client has expressed a wish to die in order to relieve his/her pain and join the significant other.
D. The client reported that suicide urges have diminished as he/she has resolved grief issues.
E. The client denied having any suicide thoughts or gestures and is more hopeful about the future.

INTERVENTIONS IMPLEMENTED

1. Explore Lost Relationship (1)*

A. The client was encouraged to share the entire story of his/her relationship with the lost person, including through the use of pictures and mementos that are connected to the deceased loved one.
B. Active listening was provided as the client shared a great deal of information about his/her relationship with the lost loved one.
C. The client presented pictures and mementos which were connected to the deceased loved one; the meanings of these were processed.
D. The client was supported as he/she described the emotions related to the lost loved one.

2. Assign Autobiography Regarding Loss (2)

A. The client was asked to elaborate on the circumstances, feelings, and effects of the loss in an autobiography form.
B. The client was assisted in identifying the circumstances, feelings, and effects of the loss.
C. The client's description of the circumstances, feelings, and effects of the loss in his/her life was summarized and reflected to him/her.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

3. Administer Psychological Instruments (3)

A. The client was administered psychological instruments designed to objectively assess the depth of grief and depression.
B. The client was administered the Beck Depression Inventory-II (BDI-II).
C. The client was administered the Grief Experience Inventory (GEI).
D. The client was provided with feedback regarding the results of the psychological instruments.
E. The client has declined to take the psychological instruments designed to objectively assess the depth of grief and depression, and the focus of treatment was turned toward this resistance.

4. Review Positive and Negative Aspects of Lost Relationship (4)

A. The client was assisted in seeing both the positive and negative aspects of the lost relationship.
B. The client was steered away from overidealizing the relationship.
C. It was reflected to the client that he/she has identified both the positive and negative aspects of the lost relationship.
D. The client has been noted to decrease his/her pattern of overidealizing the lost relationship.
E. The client was unable to focus on the negative aspects of the relationship; it was reflected that he/she continues to overidealize the relationship.

5. Assign Reading Material on Grief and Loss (5)

A. The client was assigned to read books on grief and loss.
B. The client was directed to read *Getting to the Other Side of Grief: Overcoming the Loss of a Spouse* (Zonnebelt-Smeenge and De Vries).
C. The client was assigned to read *How Can It Be All Right When Everything Is All Wrong?* (Smedes).
D. The client was assigned to read *How to Survive the Loss of a Love* (Colgrove, Bloomfield, and McWilliams).
E. The client was assigned to read *When Bad Things Happen to Good People* (Kushner).
F. The client has read the assigned material on grief and loss, and key points were processed.
G. The client has not read the assigned material on grief and loss, and was redirected to do so.

6. Assign Reading Material Regarding the Loss of a Child (6)

A. The client was directed to read material on coping with the loss of a child.
B. The client was directed to read *The Bereaved Parent* (Schiff).
C. The client has read the assigned material regarding the loss of a child, and key themes were reviewed.
D. The client has not read the assigned material on the loss of a child, and was redirected to do so.

7. Educate about the Stages of the Grieving Process (7)

A. The client was educated about the stages of the grieving process.
B. The client was provided with specific information about the grieving process.
C. The client's questions about the grieving process were answered.

8. Identify Client's Stage of Grief (8)

A. The client was assisted in identifying the stages of grief that he/she has experienced.
B. The client was assisted in identifying what stage of grief he/she is currently working through.
C. The client had a poor understanding of his/her current stage of grief, and was provided with tentative feedback in this area.

9. Identify Feelings (9)

A. The client was assisted in identifying the feelings of hurt, loss, abandonment, and anger that are felt because of the loss.
B. Active listening was provided as the client reported identification of specific feelings resulting from the loss, such as hurt, loss, abandonment, and anger.
C. The client was assisted in tracing and resolving the cause of these strong feelings.
D. The client struggled to identify the feelings that he/she has experienced due to the loss; tentative examples were provided.

10. Teach about Connection between Loss and Addiction (10)

A. The client was taught about how the loss of the loved one led to addictive behavior.
B. The client was taught about how his/her need to cope with emotional pain prompted his/her addictive behaviors.

11. Explore Addictive Behavior as Avoidance (11)

A. The client's use of mood-altering substances as an escape from the pain of grief was assessed.
B. During the addictive behavior assessment, the client acknowledged that he/she has used and abused substances as an escape from the pain of grief.
C. The client acknowledged that his/her substance abuse is a problem; his/her insight was highlighted.
D. The client denied that his/her substance abuse is a problem, and did not acknowledge that it plays a role in the escape from the pain of grief; he/she was urged to remain open to this dynamic.

12. Connect Addictive Behavior to Increased Pain (12)

A. Today's therapy session focused on how addictive behavior can lead to more feelings of pain and other unresolved feelings.
B. The client endorsed his/her addictive behavior as leading to more pain and unresolved feelings; this insight was reinforced.
C. As the client has decreased his/her addictive behavior, he/she has been noted to be able to work through the pain and unresolved feelings.

13. Explore Guilt Feelings (13)

A. The client was assisted in exploring the feelings of guilt and blame of himself/herself surrounding the loss.
B. Active listening was provided as the client identified specific issues and feelings of guilt and blame surrounding the loss.

C. The client has begun to work through his/her inappropriate feelings of guilt and blame surrounding the loss; this progress was reinforced.
D. The client struggled to acknowledge issues of guilt and blame related to the loss; common experiences in this area were provided.

14. Decrease Responsibility for Loss (14)

A. Through the use of logic and reasoning, the client was helped to see that he/she is not responsible for the loss.
B. The client was reinforced as he/she was able to understand that he/she was not responsible for the loss.
C. The client struggled to understand and admit that he/she is not responsible for the loss, and was provided with additional feedback.

15. Teach about Destructive Consequences of Anger (15)

A. The client was taught about the destructive consequences of holding on to anger and blame toward others for the loss.
B. As the client has begun to process his/her anger and blame toward others, he/she has been noted to experience increased peace of mind and reduced stress.
C. The client has not let go of the anger and blame toward others for the loss; he/she was reminded about this important need.

16. Connect Dependency on Lost Loved One and Addiction (16)

A. The client was focused on the connection between dependency on the lost loved one and dependency on addictive behaviors.
B. The client was assisted in identifying a variety of ways in which he/she had been dependent on the lost loved one, and ways in which he/she has been dependent on addictive behavior.
C. The client acknowledged the replacement of dependency on the lost loved one for dependency on the addictive behavior; this insight was reinforced.
D. The client denied any pattern of replacement of dependency on the lost loved one for the addictive behavior; he/she was urged to monitor for this dynamic.

17. Conduct Empty Chair Exercise (17)

A. An empty chair exercise was conducted, wherein the client focused on expressing to the lost loved one imagined in the chair what he/she never said while that loved one was alive.
B. The client was assisted in expressing thoughts and feelings to the lost loved one through the use of the empty chair technique.
C. The client was reinforced for the insight gained from using the empty chair technique.
D. The client struggled to express thoughts and emotions through the empty chair technique, and was assisted in becoming more open in this area.

18. Assign Gravesite Visitation (18)

A. The client was assigned to visit the grave of the deceased loved one to talk to the deceased loved one and ventilate his/her feelings.
B. The client has followed through on the gravesite visitation, and his/her experience was processed.

C. The client has not completed the gravesite visitation; this reluctance was processed and the visit was reassigned.

19. Assign a Grief Letter (19)

A. The client was assigned the task of writing a letter to the deceased person recalling fond memories and painful and regretful ones, and describing how he/she currently feels.

B. The client was assigned "Dear _____: A Letter to a Lost Loved One" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client has followed through on writing a grief letter to the deceased loved one, and this letter was processed within the session.

D. The client was assisted in clarifying and expressing his/her feelings about and to the lost loved one.

E. It was noted that the client has found some sense of relief at expressing thoughts and feelings that he/she had left unexpressed earlier.

F. The client has not completed the grief letter to the deceased loved one, and this resistance was investigated.

20. Assign Writing to Deceased Loved One (20)

A. The client was directed to write a letter to the deceased loved one, with a special focus on his/her feelings associated with the last meaningful contact with that person.

B. The client was assigned "Am I Having Difficulty Letting Go?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. The client has completed the assigned letter to the deceased loved one, and his/her experience in this task was reviewed and processed.

D. The client has struggled with how to word a letter to the deceased loved one, and was assisted in clarifying his/her thoughts and emotions in this area.

E. The client has not attempted to write a letter to the deceased loved one, and was redirected to do so.

21. Assign a Written Plan to Be More Active and Independent (21)

A. The client was assigned the task of writing a specific plan to develop more independent and active lifestyle choices.

B. The client has developed a list of more active and independent lifestyle choices (e.g., making plans for a social life, hobbies, financial security, job, recovery, sponsor, grief group, singles group); this list was reinforced.

C. It was reflected to the client that he/she has begun to develop a more active and independent life.

D. The client has not developed a written plan for a more active and independent lifestyle, and he/she was redirected to do so.

E. The client has failed to implement his/her written plan for a more active and independent life style, and was redirected to do so.

22. Assign a Written Plan to Improve Social Involvement (22)

A. The client was assigned a written plan to improve social contact with old friends and to make new ones.

B. The client was assigned "Moving On with My Life" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was reinforced as he/she followed through on writing a plan to improve social contact with old friends and make new friends.
D. The client has not written out a plan to improve social contact, and he/she was redirected to do so.

23. Teach about the Importance of a Recovery Program (23)

A. The client was taught the importance of actively attending a recovery group, getting a sponsor, and helping others in recovery.
B. The client was reinforced for an understanding of the need for a recovery group, getting a sponsor, and helping others in recovery.
C. The client was resistive to being involved in a recovery group, having a sponsor, and helping others in recovery; he/she was urged to do these recovery tasks as he/she is able.

24. Assign Grief/Loss Support Group (24)

A. The client was directed to attend a grief/loss support group.
B. The client's attendance at the grief/loss support group was reviewed and processed.
C. The client has not attended the grief/loss support group, and was redirected to do so.

25. Teach about a Higher Power (25)

A. The client was presented with information on how faith in a higher power can aid in recovery from grief and loss issues and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding a higher power.
C. The client was encouraged to describe his/her beliefs about a higher power.
D. The client was provided with examples about how a higher power can be helpful in recovering from grief and addiction (e.g., talk to the higher power about the grief/loss, imagine the higher power healing the pain, ask the higher power to direct you to other friends and family who can provide support).
E. The client rejected the concept of a higher power; he/she was urged to remain open to this concept.

26. Assign Reading from Alcoholics Anonymous's (AA) *Big Book* (26)

A. The client was assigned to read about a higher power's plan in AA's *Big Book.*
B. A discussion was held about how the loss of a loved one could be part of the higher power's plan.
C. The client has read the assigned reading in AA's *Big Book,* but did not see how this loss could be part of the higher power's plan; he/she was provided with additional feedback.
D. The client has not read the assigned reading from AA's *Big Book,* and he/she was redirected to do so.

27. Teach about Prayer and Meditation (27)

A. The client was taught, through using a 12-step recovery program's Step Eleven exercise, to pray and meditate.

B. The client indicated an understanding of the concepts related to prayer and meditation, and was assigned daily contact with his/her higher power regarding grief issues.
C. The client reports regular prayer and meditation, and confirms that turning his/her grief issues over to a higher power has been helpful; his/her progress was reinforced.
D. The client has struggled to use prayer and meditation to turn his/her grief over to a higher power; he/she was advised about helpful ways to do this.
E. The client has not used prayer and meditation techniques, and he/she was redirected to do so.

28. Assign Letter about Unresolved Feelings (28)

A. The client was directed to write a letter to the deceased individual sharing unresolved feelings.
B. The client has written a letter to the deceased individual, and this was processed within a group.
C. The client has written a letter to the deceased individual, and this was processed in an individual session.
D. The client has not written a letter to the deceased individual to share unresolved feelings, and was redirected to do so.

29. Contact an AA Sponsor (29)

A. The client was encouraged to make contact with his/her temporary AA sponsor, and discuss recovery plans.
B. The client was reinforced as he/she has made contact with his/her AA sponsor and has agreed to maintain consistent contact with him/her in order to discuss recovery plans.
C. The client has been noted to have developed a comprehensive recovery plan through discussions with his/her AA sponsor.
D. The client is not satisfied with his/her AA sponsor, and has been directed to ask another AA member to fulfill that role.
E. The client has not made contact with his/her AA sponsor, and he/she was redirected to do so.

30. List Positive Aspects about Lost Loved One (30)

A. The client has developed a list of positive aspects of the lost loved one, and this was reviewed within the session.
B. The client has not completed a list of positive aspects and memories of the lost loved one, and was redirected to do so.

31. Develop Rituals (31)

A. The client was directed to develop rituals that will celebrate the memorable aspects of the loved one's life.
B. The client has developed specific rituals to celebrate the memorable aspects of the lost loved one, and these were reviewed.
C. The client has not developed the rituals to celebrate the memorable aspects of the lost loved one's life, and was provided with tentative examples (e.g., placing memorial in newspaper on anniversary of death, volunteering time to a favorite cause of the deceased person).

32. Assign Encouragement of Others (32)

A. The client was assigned to encourage one person in recovery each day as a way of improving his/her self-worth and self-esteem.
B. The client was reinforced as he/she reported that he/she has successfully encouraged others in recovery each day.
C. The client reported that as he/she has been more supportive of others, his/her own self-worth and self-esteem have been noted to be improved.
D. The client acknowledged that he/she has not been regularly encouraging others, and he/she was redirected to do so.

33. Develop an Aftercare Plan (33)

A. The client was assisted in developing an aftercare plan that will support recovery from grief issues, including regular attendance at 12-step recovery program meetings, aftercare sessions, continued therapy, sponsor, turning it over daily, and prayer and meditation.
B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has listed several components of an aftercare program that will support his/her sobriety, such as self-help groups and sponsors, therapy, prayer, and meditation; this list was reinforced.
D. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare plan.
E. The client has not followed through on an aftercare plan, and he/she was redirected to do so.

34. Discuss with Family the Connection between Grief and Addiction (34)

A. A family session was held to educate the family and significant others regarding the connection between the client's grief and loss issues and addiction problems.
B. During the family session, family members expressed their positive support of the client, and reported having a more accurate understanding of his/her grief and loss issues and substance abuse problems.
C. Family members were not understanding or willing to provide support to the client, despite increasing understanding of the client's grief/loss and addiction problems; they were urged to provide more assistance.

35. Engage Family Members in Aftercare (35)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in his/her recovery.
C. Family members indicated ongoing emotional displeasure with the client, and did not indicate a commitment for support for his/her recovery; they were urged to provide greater support.

36. Re-administer Psychological Instruments (36)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of grief and depression.

B. The client produced treatment outcome test scores indicating improvement on grief and depression traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on grief and depression traits; these results were presented to the client.

37. Assess Satisfaction (37)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

IMPULSIVITY

CLIENT PRESENTATION

1. General Impulsivity (1)*

A. The client has a consistent pattern of acting before thinking that has resulted in numerous negative consequences on his/her life.
B. The client often acts without careful deliberation.
C. The client is beginning to exercise better control over impulsivity.
D. The client described instances when he/she thought before acting and controlled his/her impulsivity.
E. The client reported no instances of impulsive behavior that have resulted in negative consequences.

2. Difficulty Waiting (2)

A. The client described a history of difficulty waiting for others or impatience when waiting for his/her turn.
B. The client's impulsivity was evident as he/she reported difficulty waiting in line or waiting to take his/her turn.
C. The client acknowledged a need to be more patient and to decrease impulsivity.
D. The client has displayed a patient pattern of behavior, waiting for his/her turn in an appropriate manner.

3. Impulsive Addictive Behavior (3)

A. The client described a pattern of impulsively engaging in addictive behavior.
B. The client identified that he/she often becomes easily influenced by others, and impulsively engages in addictive behaviors.
C. As the client has gained better control over his/her impulsivity, he/she has decreased his/her addictive behaviors.

4. Aggressive Impulsivity (4)

A. The client described several incidents of loss of control over aggressive impulses that have resulted in acts of assault on other individuals.
B. The client described several episodes of loss of control over impulses that have resulted in destruction of property.
C. The client reported more control over aggressive impulses, although verbal aggression is still present.
D. The client reported successful control over aggressive impulses with no recent instances noted.

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5. Instant Gratification (5)

A. The client described a pattern of desiring instant gratification.
B. The client described a decreased ability to delay pleasure or gratification.
C. The client has often engaged in addictive behavior due to his/her difficulty with delaying gratification.
D. As the client has developed the ability to delay gratification, he/she has decreased his/her pattern of impulsivity and addictive behaviors.

6. Dangerous Behavior (6)

A. The client describes a history of engaging in acting out in at least two areas that are potentially self-damaging (e.g., spending money, sexual activity, reckless driving, addictive behavior).
B. The client's impulsivity and restlessness have contributed to his/her propensity for engaging in self-defeating, risky, or potentially dangerous behavior.
C. The client gained insight into the need to stop and think about the possible consequences of his/her actions for himself/herself and others before engaging in self-defeating, risky, or potentially dangerous behaviors.
D. The client has not recently engaged in any self-defeating, risky, or potentially dangerous behaviors.

7. Overreactivity (7)

A. The client has a pattern of overreaction to mildly aversive stimulation.
B. The client has a pattern of overreactivity to pleasure-oriented stimulation.
C. The client has shown a regulation of his/her reaction to stimulation.

8. Affective Arousal (8)

A. The client described a sense of tension or affective arousal before engaging in the impulsive behavior.
B. The client's description of his/her impulsive behavior indicated a pattern of tension or affective arousal.
C. The client identified his/her pattern of affective arousal.
D. As the client has developed a variety of coping skills, his/her pattern of impulsive acting out has diminished.

9. Self-Gratification (9)

A. The client identified a sense of pleasure, gratification, or release at the time of committing the ego-dystonic impulsive act.
B. The client continues to engage in his/her impulsive actions in an impulsive manner, even though they are against his/her moral or religious codes.
C. The client describes that his/her impulsive behavior helps to reduce the affective arousal or tension that he/she experiences.
D. As the client has developed a variety of coping skills, his/her pattern of acting out has diminished.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Impulsivity (1)*

A. A 12-step recovery program's Step One was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings that are related to impulsivity.
B. The client was assigned the Step One exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client displayed an understanding of his/her powerlessness and unmanageability regarding addiction and impulsivity; this insight was reinforced.
D. The concept of the client's powerlessness and unmanageability that have resulted from using addiction to deal with his/her pattern of impulsivity was presented to the client, and the client endorsed this concept.
E. The client denied any pattern of powerlessness or difficulty managing his/her life circumstances due to his/her impulsivity and addiction problems; he/she was provided with tentative examples of how this occurs.
F. The client did not complete the assigned exercise and was redirected to do so.

2. Review/Identify Impulsive Pattern (2)

A. The client's behavior pattern was reviewed to assist him/her in identifying his/her pattern of impulsivity.
B. The client was encouraged to clearly acknowledge his/her pattern of impulsivity without minimization, denial, or projection of blame.
C. The client was assigned "Impulsive Behavior Journal" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
D. The client has acknowledged his/her pattern of impulsivity; this insight was reinforced.
E. The client rejects the idea that he/she has a pattern of impulsivity; he/she was urged to look out for these types of symptoms.
F. The client did not complete the assigned exercise and was redirected to do so.

3. Administer Psychological Instruments to Assess Impulsivity (3)

A. The client was administered psychological instruments designed to objectively assess impulsivity.
B. The client was administered the Conners' Adult ADHD Rating Scales (CAARS).
C. The client was administered the ADHD Symptom Checklist-4 (ADHDSC-4).
D. The client has completed the instruments designed to objectively assess impulsivity, and feedback was provided to the client about the results of this assessment.
E. The client has declined administration of the psychological instruments designed to objectively assess impulsivity, and the focus of treatment was switched to this resistance.

4. Recognize *Insanity* (4)

A. The client was presented with the concept of how doing the same things over and over again, but expecting different results, is irrational.

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B. The client was presented with the concept that irrational behavior, such as doing the same thing over and over and expecting different results, is what 12-step recovery programs call *insane.*
C. The client was assigned the Step Two exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client was asked to identify his/her experience of *insane* and *irrational* behavior and how this concept applies to him/her.
E. Active listening skills were used as the client identified his/her experience of this *insane* and *irrational* behavior.
F. The client denied any pattern of *insane* and *irrational* behavior, and was urged to monitor these types of symptoms.
G. The client did not complete the assigned exercise and was redirected to do so.

5. Connect Impulsivity and Negative Consequences (5)

A. The client was assisted in making the connection between his/her impulsivity and the negative consequences for himself/herself.
B. The client was assisted in making the connection between his/her impulsivity and the negative consequences for others.
C. Active listening was used as the client endorsed the negative pattern of consequences that have occurred due to his/her impulsive behaviors.
D. The client denied any pattern of negative effects of his/her impulsive behaviors; tentative examples were provided.

6. List Negative Consequences (6)

A. The client was asked to make a list of the ways in which impulsivity has negatively impacted his/her life, and to process this list.
B. The client was asked to identify ways in which his/her impulsivity has negatively impacted others.
C. The client was assigned "Recognizing the Negative Consequences of Impulsive Behavior" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
D. The client has completed his/her list of negative impacts of impulsivity; as this list was processed, he/she acknowledged the negative consequences that he/she has experienced.
E. The client has not completed the list of negative impacts that impulsivity has had on his/her life or for others, and was redirected to do so.
F. It was reflected to the client that he/she has minimized the negative impact of his/her impulsive behaviors on himself/herself and others.
G. The client did not complete the assigned exercise and was redirected to do so.

7. Teach about the Dangers of Impulsivity (7)

A. Today's session focused on helping the client to see how dangerous it is to act impulsively (i.e., you don't have time to think, you can't plan effectively, you don't consider all the consequences).
B. Active listening was provided as the client identified specific situations in which he/she has experienced the dangerous effects of acting impulsively.

C. The client acknowledged the pattern of dangerous effects when one acts impulsively; his/her insight was highlighted.
D. The client endorsed the idea that his/her impulsive behavior often leads to negative consequences; his/her insight was reinforced.
E. The client did not endorse the concept that his/her impulsive behavior often leads to negative consequences, and tentative examples of how this occurs were provided.

8. Explore Impulsive Behavior Leading to Addictive Behavior (8)

A. Today's session focused on how the client's impulsive behaviors have led to addictive behaviors.
B. The client was assisted in identifying specific examples of when his/her impulsive behaviors have led to addictive behaviors.
C. The client acknowledged that his/her impulsive behavior often leads to addictive behavior; his/her insight was reinforced.
D. The client was unable to identify any situations in which his/her impulsive behavior prompted addictive behavior; tentative examples of how this occurs were provided.

9. Develop a Feedback Contract for Impulsive Acts (9)

A. A conjoint session was held with the client's spouse, significant other, sponsor, or family member, in order to develop a contract for feedback regarding impulsive acts.
B. During the conjoint session the client and his/her chosen significant other agreed to a contract in which the client will seek out feedback prior to engaging in impulsive activity.
C. The client identified that he/she has used the contract for feedback, and this has been noted to decrease his/her pattern of impulsive actions.
D. Despite assistance, the client and his/her significant other were unable to develop a specific contract for feedback.

10. Review Implementation of Impulsivity Contract (10)

A. The client's use of his/her contract to review impulsive activity was processed within the session.
B. The client reported regular use of his/her contract for feedback and this has been noted to decrease his/her pattern of impulsive activity.
C. The client was reinforced for his/her success in withholding impulses until he/she is able to get feedback.
D. The client has not used his/her contract for feedback, and was redirected to do so.

11. Probe for Impulsivity Precipitants (11)

A. A biopsychosocial history was gathered from the client regarding his/her pattern of impulsivity and addictive behavior.
B. The client was assigned "Understanding Family History" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. Using the biopsychosocial history, the client was assisted in seeing the precipitants of his/her impulsivity and addictive behavior.
D. The client was assisted in identifying specific precipitants of his/her impulsivity (e.g., family patterns of impulsivity, anxiety that energizes impulsivity, failure to delay gratification in childhood).

E. The client struggled to identify the precipitants of his/her impulsivity; remedial feedback and assistance were provided.
F. The client did not complete the assigned exercise and was redirected to do so.

12. Refer for Psychopharmacological Intervention (12)

A. The client was referred to a physician to evaluate the client for a prescription for psychotropic medication.
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none was prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medications provided by the physician.
E. The client's physician has continued to monitor and titrate medications.

13. Administer Medications (13)

A. Medical staff administered medications as prescribed.
B. Medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medication as prescribed.

14. Monitor Medication Effectiveness and Side Effects (14)

A. As the client has taken medications prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial, and this was reflected to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial, and this was reflected to the prescribing clinician.
D. The client has not consistently taken the prescribed medications, and has been redirected to do so.
E. The client identified side effects of the medication, and these were reflected to the prescribing clinician.

15. Uncover and Replace Dysfunctional Thoughts (15)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to impulsivity.
B. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. Active listening was provided as the client identified a variety of distorted, dysfunctional thoughts in which he/she engages.
D. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace his/her dysfunctional thinking.
E. The client identified a more adaptive, accurate pattern of thinking; this progress was celebrated.
F. The client struggled to identify or replace his/her dysfunctional thoughts that lead to impulsivity; tentative examples were provided.
G. The client did not complete the assigned exercise and was redirected to do so.

16. List and Use Self-Enhancing Thoughts (16)

A. The client was assisted in developing a list of positive, accurate, self-enhancing thoughts.
B. The client was assigned "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. Active listening was provided as the client listed positive, accurate, self-enhancing thoughts.
D. The client was assigned the task of reading his/her positive, accurate, self-enhancing thoughts each day, particularly when feeling tense or disparaged.
E. The client reported that he/she is regularly using his/her positive, accurate, self-enhancing thoughts; the benefits of this task were reviewed.
F. The client has struggled to list his/her positive, accurate, self-enhancing thoughts, and has not been reading these on a regular basis; he/she was redirected to use this technique.
G. The client did not complete the assigned exercise and was redirected to do so.

17. Probe and Replace Unhealthy Coping Behaviors (17)

A. The client's behavior patterns were probed to identify the behaviors he/she uses to cope with anxiety.
B. Modeling, role-playing, and behavior rehearsal were used to teach the client new behaviors that are positive and adaptive (e.g., talking to someone about the problem, taking a time-out, calling the sponsor, going to a meeting, engaging in exercise, practicing relaxation).
C. The client was assigned the exercise "A Different Approach" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client was assisted in identifying his/her unhealthy behaviors that are used to cope with anxiety and verbalized an understanding of the positive and adaptive coping behaviors; this insight was reinforced.
E. The client reported that he/she is regularly using positive and adaptive coping behaviors; this progress was celebrated.
F. The client often does not use healthy coping behaviors, and was redirected to use these.
G. The client did not complete the assigned exercise and was redirected to do so.

18. Teach Relaxation Techniques (18)

A. The client was taught relaxation techniques (e.g., progressive relaxation, self-hypnosis, biofeedback) in order to help him/her to relax completely.
B. The client was assigned the "Learning to Self-Soothe" exercise from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has implemented the assigned relaxation techniques and reported decreased reactivity to anxious feelings.
D. The client has not implemented the relaxation techniques and continues to feel quite stressed and anxious in anxiety-producing situations; he/she was redirected to use these techniques.
E. The client did not complete the assigned exercise and was redirected to do so.

19. Teach "Stop, Look, Listen, Think, and Plan before Acting" (19)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, about the use of "stop, look, listen, think, and plan before acting" skills in several life scenarios.

B. The client was assigned "Problem-Solving: An Alternative to Impulsive Action" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was supported as he/she enacted "stop, look, listen, think, and plan before acting" as applied to a variety of current situations.
D. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in his/her daily life.
E. The client was reinforced for his/her use of "stop, look, listen, think, and plan before acting."
F. The client reported that he/she has struggled to use the "stop, look, listen, think, and plan before acting" technique, and was redirected to do so.
G. The client did not complete the assigned exercise and was redirected to do so.

20. Review "Stop, Look, Listen, Think, and Plan before Acting" (20)

A. The use of the "stop, look, listen, think, and plan before acting" technique was reviewed in the client's day-to-day living.
B. The client reported on his/her use of the "stop, look, listen, think, and plan before acting" plan; his/her emotional and behavioral consequences were reviewed.
C. The client was given feedback about his/her use of the "stop, look, listen, think, and plan before acting" technique.
D. The client has not used "stop, look, listen, think, and plan before acting" technique, and was redirected to do so.

21. Teach about a Higher Power (21)

A. The client was presented with information on how faith in a higher power can aid in recovery from impulsivity and addictive behaviors.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client was provided with specific techniques in which he/she can use a higher power effectively in recovery (e.g., practicing stopping and asking the higher power for strength and direction, practicing daily prayer and meditations).
E. The client rejected the concept of a higher power; he/she was urged to remain open to this idea.

22. Use a Step Three Exercise (22)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning over problems to a higher power each day and to record his/her experiences in a journal.
C. The client was assigned the Step Three exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client's pattern of turning problems over to a higher power was discussed in terms of how this can be beneficial to a recovery from impulsivity and addiction.
E. The client's experience of turning problems over to his/her higher power were processed.

F. The client reports a decrease in impulsivity and addiction problems since he/she has turned problems over to a higher power each day; this progress was highlighted.
G. The client struggled with the concept and implementation of turning his/her problems over to a higher power; he/she was assisted in developing small steps to implement this task.

23. Assign the Fourth Step (23)

A. The client was assigned to complete a fourth-step inventory and to relate the nature of his/her wrongs to impulsivity and addiction issues.
B. The client completed the fourth-step inventory, and was assigned to share this with a clergy person or someone else in recovery.
C. The client shared his/her fourth-step inventory, and it was noted to be helpful.
D. The client was assisted in relating how his/her wrongs related to his/her impulsivity and addictive behavior.
E. The client has not completed his/her fourth-step inventory, and was redirected to do so.

24. Teach Relationship between Wrongful Behavior and Impulsivity (24)

A. The client was assisted in acknowledging the relationship between the wrongful behavior identified in a Step Four exercise and his/her impulsivity and addiction.
B. The client was assisted in identifying specific connections between his/her wrongful behavior (as developed in the Step Four exercise) and his/her pattern of impulsivity and addiction.
C. The client has taken increased responsibility for his/her impulsive behaviors after identifying how these behaviors relate to the nature of his/her wrongs; this progress was reinforced.
D. The client has struggled to acknowledge the relationship between his/her wrongful behavior and his/her impulsivity and addiction; tentative examples were provided.

25. Develop an Aftercare Plan (25)

A. The client was assisted in developing an aftercare plan that will support recovery from his/her impulsivity and addiction problems, including his/her regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was reinforced as he/she has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups and a sponsor, family activities, any further therapy that is necessary to recover from impulsivity and any other addictive behavior).
C. The client was reinforced for his/her active pursuit of the elements of his/her aftercare plan.
D. The client has not followed through on his/her aftercare plan, and was redirected to do so.

26. Encourage Sharing the Journey (26)

A. The client was encouraged to share with family members the journey that he/she has experienced through impulsivity, addiction, and recovery.
B. The client reported that he/she has regularly shared his/her experience regarding his/her impulsivity, addiction, and recovery; his/her experience was processed.
C. The client reported positive feedback from others as he/she shares about his/her journey through recovery; this success was highlighted.

D. The client has not shared about his/her journey through recovery, and was redirected to do so.

27. Discuss Impulsivity and Addictive Behaviors with the Family (27)

A. The client's family members were educated about the connection between impulsivity and addictive behaviors.
B. The client's family members were reinforced as they displayed an understanding about the relationship between impulsivity and addictive behaviors.
C. The client's family rejected the connection between impulsivity and addictive behaviors; they were urged to monitor this dynamic.

28. Direct Family Members to List Support for Recovery (28)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety (e.g., attend recovery group meetings, reinforce the client's positive coping skills, be patient, keep expectations realistic).
B. The client's family members indicated commitment to supporting him/her in his/her recovery through the use of specific techniques; this support was reinforced.
C. Active listening was provided as the client reported family members assisting significantly in encouragement and other techniques to help him/her recover from impulsivity and addiction problems.
D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support his/her recovery.
E. The client reported that family members have not been consistent in supporting his/her sobriety; the implications of this lack of support were reviewed.

29. Re-administer Psychological Instruments (29)

A. The outcome of treatment was assessed via the re-administration of objective tests of impulsivity.
B. The client produced treatment outcome test scores indicating improvement on impulsivity; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on impulsivity traits; these results were presented to the client.

30. Assess Satisfaction (30)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

LEGAL PROBLEMS

CLIENT PRESENTATION

1. Pending Legal Charges (1)*

A. The client has been arrested and has legal charges pending.

B. The client's legal charges have been processed and a sentence has been handed down.

2. Lawbreaking While under the Influence of Drugs or Alcohol (2)

A. The client's chemical dependence problem has resulted in several arrests and current court involvement.

B. The client acknowledged that his/her chemical dependence problem has produced numerous legal problems in his/her life.

C. The client is in denial regarding his/her chemical dependence despite numerous legal problems.

D. As treatment has progressed, the client's pattern of lawbreaking while under the influence of drugs or alcohol has decreased.

3. Legal Problems Complicate Recovery (3)

A. The client identified many unresolved legal problems, which have complicated his/her recovery from addictive behavior.

B. The client described plans to overcome legal problems and decrease addictive behavior.

C. As the client has decreased his/her legal problems, he/she has been more successful in his/her recovery from addictive behavior.

4. Fears of Adjudication (4)

A. The client is preoccupied with fears regarding the outcome of the adjudication of his/her current legal problems.

B. The client's anxiety has been predominant since legal charges have been filed.

C. The client is beginning to cope more effectively with his/her anxiety associated with the potential effects of his/her adjudication.

5. Lawbreaking Related to Illegal Substances (5)

A. The client identified a history of repeated violations of the law when buying, selling, or using illegal substances.

B. The client takes little responsibility for his/her legal problems associated with buying, selling, or using illegal substances.

C. As the client has decreased his/her violations of the law related to illegal substances, his/her addiction behaviors have decreased as well.

6. Court-Ordered Treatment (6)

A. The client reported that due to legal concerns, he/she has entered treatment.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. Reports must be made to the client's legal authorities regarding progress and his/her cooperation with treatment.
C. The client has been resistive to cooperation with treatment because his/her only motivation comes from legal pressure.
D. The client has shown increased motivation to participate in treatment, over and above that which comes from legal pressure.

7. Pending Divorce (7)

A. The client reported legal complications secondary to a pending divorce.
B. The client expressed anger, resentment, and fear of abandonment regarding the pending divorce.
C. The client reported a pattern of contentious legal wrangling related to his/her divorce.
D. The client reported problems related to a custody battle over the children, secondary to a divorce.
E. As the client's divorce issues have been resolved, his/her emotional concerns and addiction behavior have decreased.
F. The client has been more focused on addiction recovery issues since divorce issues have been resolved.

8. Chemical Dependency (8)

A. The client's chemical dependence has resulted in several arrests and current court involvement.
B. The client acknowledged that his/her chemical dependence has produced numerous negative consequences in his/her life.
C. The client is in denial regarding his/her chemical dependence, in spite of numerous legal problems.
D. The client described a history of neglecting his/her physical and medical problems.

9. Fear of Loss of Freedom (9)

A. The client is preoccupied with his/her fear regarding the possibility that he/she might lose his/her freedom because of current legal problems.
B. The client's anxiety has been predominant since legal charges have been filed.
C. The client is beginning to cope more effectively with his/her anxiety, which is associated with the potential loss of his/her freedom.

INTERVENTIONS IMPLEMENTED

1. Explore Legal Problems and Addiction Making Life Unmanageable (1)*

A. The client was presented with the concept that his/her powerlessness over legal problems and addiction make his/her life unmanageable.
B. Active listening was provided as the client identified specific examples during which he/she has been powerless over his/her addiction and/or legal problems, causing his/her life to become unmanageable.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. As the client has resolved his/her legal problems, his/her life has been noted to be somewhat more manageable.

2. Explore Legal Problems (2)

A. A history of the client's behavior that led to his/her legal conflicts was gathered.
B. The client's behavior and attitude were noted to fit a pattern of Antisocial Personality Disorder.
C. The client's legal conflicts do not have a chronic history to them and were not noted to fit a pattern of antisocial behavior.
D. The client described the behavior that has led to his/her current involvement with the court system; this pattern was summarized and reflected.

3. Administer Psychological Assessment (3)

A. Psychological instruments designed to objectively assess antisocial traits and propensity for illegal behavior were administered.
B. The Millon Clinical Multiaxial Inventory–III (MCMI–III) was administered.
C. The Jesness Behavior Checklist was administered.
D. The client has participated in the assessment of antisocial traits and the propensity for illegal behavior, and feedback was provided to him/her about this assessment.
E. The client has not participated in the objective assessment of antisocial traits and the propensity for illegal behavior, and the focus of treatment was switched to this resistance.

4. Identify and Accept Responsibility for the Decisions (4)

A. The client was encouraged to accept responsibility for the decisions that he/she made that resulted in legal problems, without placing blame on others.
B. The client was assigned "Handling Tough Situations in a Healthy Way" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has identified and accepted responsibility for the decisions that he/she made that have led to legal conflicts; this insight was reinforced.
D. The client has resisted identifying ways in which he/she has made decisions that have resulted in legal problems; tentative examples were presented to him/her.

5. Confront Avoidance of Responsibility (5)

A. The client was confronted on his/her avoidance of responsibility for his/her actions.
B. The client was assigned "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client has completed assignments to take responsibility for illegal behavior, and his/her responses were processed.
D. The client has not completed the assignment of the "Accept Responsibility for Illegal Behavior" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma), and was redirected to do so.
E. The client was encouraged to accept responsibility for the series of decisions and actions that eventually led to the illegal activity.
F. Verbal reinforcers were provided as the client has accepted responsibility for his/her behavior.

G. The client continued to deny responsibility for his/her behavior and legal problems; he/she was redirected to take this responsibility.

6. Teach Relationship between Legal Problems and Addiction (6)

A. The client was taught the relationship between his/her legal problems and addiction, including how the addiction behavior leads to the legal problems.
B. The client was assigned "What's Addiction Got to Do with My Problems?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has not completed the assignment and was redirected to do so.
D. The client was taught about how the concerns over the legal problems may lead to more addictive behavior.
E. The client accepted the relationship between his/her legal problems and addiction, and was assisted in identifying specific examples from his/her experience that support this pattern.
F. The client reported decreased substance use and decreased legal concerns; this success was highlighted.

7. Write about Relationship between Addiction and Legal Conflicts (7)

A. The client was assigned to write about how each legal conflict has been related to addictive behavior.
B. The client has written about how each legal conflict has been related to addictive behavior, and this information was reviewed within the session.
C. The client was reinforced for his/her insight into his/her connection between legal conflicts and addictive behavior.
D. The client has not written about how his/her legal conflicts have been related to addictive behavior, and was redirected to do so.

8. Teach Prosocial Behaviors (8)

A. The client was taught the difference between prosocial and antisocial behaviors.
B. The client was assisted in making concrete plans on how to demonstrate prosocial behaviors (e.g., respect for the law, helping others, honesty, reliability, regular attendance at work, recovery groups, aftercare, halfway house).
C. The client has followed through on using prosocial means to meet his/her life needs; his/her experience in this area was reviewed.
D. It was reflected to the client that he/she consistently rejects prosocial behaviors and attitudes that address antisocial behaviors and attitudes.

9. Probe Distorted Thoughts and Feelings (9)

A. The client was assisted in clarifying his/her distorted thoughts and feelings that surround legal problems and addictive behaviors.
B. The client was noted to identify several distorted thoughts and feelings that surround addictive behavior and legal problems.
C. The client was encouraged to replace the distorted thoughts and feelings that surround the addictive behavior with healthier thoughts and feelings.
D. The client has denied the presence of distorted thoughts and feelings that could be related to his/her addictive behavior and legal problems; tentative examples were provided.

10. List Positive, Realistic Thoughts (10)

A. The client was assisted in listing a variety of positive, realistic thoughts to replace dysfunctional thinking that led to addictive and illegal behaviors.
B. The client was assigned "Crooked Thinking Leads to Crooked Behavior" in *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client has completed assignments to identify dysfunctional thinking, and his/her insight was reviewed.
D. The client has not completed the assignment, and was redirected to do so.
E. The client was noted to list a variety of realistic thoughts to replace dysfunctional thinking.
F. The client reports using more realistic thoughts to replace dysfunctional thinking and a decrease in addictive and illegal behaviors; this progress was reinforced.
G. The client has not been able to develop positive, realistic thoughts, and was redirected to focus in this area.

11. Encourage Representation by an Attorney (11)

A. The client was encouraged to meet with an attorney to discuss plans for resolving his/her legal issues.
B. The client has obtained counsel and has met with the attorney to make plans for resolving his/her legal problems; his/her experience was processed.
C. The client does not have financial resources to hire an attorney; therefore, he/she was encouraged to seek a public attorney who has been hired by the court.

12. Encourage Compliance with Probation or Parole (12)

A. The client was encouraged to keep his/her appointments with his/her probation or parole officer.
B. The client was requested to agree in writing to meet all conditions of probation or parole.
C. The client reported that he/she has met with his/her probation or parole officer; this meeting was processed.
D. The client has agreed to meet all conditions of probation or parole and is noted to be consistently doing so.
E. The client has not maintained an appropriate relationship with his/her probation or parole officer and is not meeting all conditions of his/her probation or parole; this failure was confronted.

13. Explore Prosocial Need Fulfillment (13)

A. The client was assisted in identifying ways in which to meet social, emotional, and financial needs in recovery without resorting to criminal activity or addictive behavior.
B. The client has begun to explore prosocial activities to meet his/her needs; his/her experience was reviewed.
C. The client has consistently rejected the idea of using prosocial means to meet his/her needs; this pattern was reflected to the client.

14. Teach about Obeying the Law to Maintain Abstinence (14)

A. The client was assisted in understanding why he/she needs to obey the law in order to maintain abstinence from addictive behavior.

B. The client was reinforced for displaying acceptance that he/she needs to obey the law in order to maintain abstinence from addictive behavior.
C. The client rejected the need to obey the law in order to maintain abstinence from addictive behavior; this deviant thinking was confronted.

15. Teach about Criminal Thinking (15)

A. The client was taught about criminal thinking concepts (e.g., rationalization, entitlement, denial, super-optimism, blaming others).
B. The client was assisted in identifying his/her criminal thinking.
C. The client was assisted in correcting each criminal thought with a thought that is honest and respectful of others.
D. The client displayed an understanding of the issues related to criminal thinking, and was noted to be able to identify and correct his/her criminal thoughts.
E. The client has struggled with the understanding, identification, and correction of criminal thoughts; tentative examples were provided.

16. Emphasize the Importance of Helping Others in Recovery (16)

A. Today's session emphasized the importance of helping others in recovery, in order to replace an attitude of taking with an attitude of giving and self-sacrificing.
B. The client accepted the concept presented, regarding helping others in recovery as a way to replace criminal behaviors.
C. The client identified a pattern of helping others in recovery, which has been noted to replace an attitude of taking with an attitude of giving and self-sacrifice.
D. The client rejected the concept of helping others in recovery; he/she was urged to reconsider this concept.

17. Teach about a Higher Power (17)

A. The client was presented with information on how faith in a higher power can aid in recovery from legal conflicts and addiction concerns.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to turn his/her will and life over to the care of a higher power of his/her own understanding.
D. The client was provided with examples of how a higher power can assist in recovery from legal conflicts and addictions (e.g., practice trusting a higher power to help with legal problems, practice daily prayer and meditation).
E. Active listening was provided as the client described a sense of relief and empowerment by turning his/her addictions and legal concerns over to the care of a higher power.
F. The client rejected the idea of a higher power as a way to resolve addiction and legal problems; he/she was provided with additional examples of how this occurs.

18. Develop an Aftercare Plan (18)

A. The client was assisted in developing an aftercare plan that will support recovery from legal concerns, including regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.

B. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assisted in listing several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist).
D. The client was reinforced for his/her active pursuit of the elements of his/her aftercare plan.
E. The client has not followed through on his/her aftercare plan, and was redirected to do so.

19. Teach about the Need for Honest Resolution of Legal Conflicts (19)

A. The client was focused on the importance of resolving legal conflicts honestly.
B. The client endorsed the importance of resolving legal conflicts honestly; this insight was highlighted.
C. Honesty as the basis for trust was reinforced to the client.
D. The client was reinforced for the ways in which he/she is using honest and legal means to resolve legal conflicts.
E. The client has not endorsed the importance of resolving legal problems honestly, and was redirected in this area.

20. Teach Family the Connection between Legal Problems and Addiction (20)

A. A family session was held to educate the family and significant others regarding the connection between the client's legal problems and addiction.
B. Family members were reinforced for their positive support of the client and a more accurate understanding of his/her legal concerns and substance abuse problems.
C. Family members were not understanding or willing to provide support to the client, despite an increased understanding of his/her legal concerns and addiction problems; they were urged to monitor the client's progress.

21. Engage Family Members in Aftercare (21)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize his/her recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting him/her in his/her recovery.
C. It was reflected to the family members that they have an ongoing emotional displeasure with the client and did not indicate a commitment for support for his/her recovery.

22. Re-administer Psychological Instruments (22)

A. The outcome of treatment was assessed via the re-administration of objective tests of antisocial traits and the propensity for illegal behavior.
B. The client produced treatment outcome test scores indicating improvement on antisocial traits and the propensity for illegal behavior; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on antisocial traits and the propensity for illegal behavior; these results were presented to the client.

23. Assess Satisfaction (23)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

LIVING ENVIRONMENT DEFICIENCY

CLIENT PRESENTATION

1. High-Risk Living Environment (1)*

A. The client described living in an environment in which there is a high risk for relapse to addictive behavior.
B. The client has committed to changing his/her living environment to decrease his/her risk for relapse to addictive behavior.
C. The client reports that he/she has made major changes in his/her environment, and has decreased addictive behavior.

2. Resides with Practicing Addict (2)

A. The client described that he/she currently lives with an individual that practices addictive behavior on a regular basis.
B. The client has made periodic attempts to impact his/her living partner's addictive behavior, but the partner continues to practice addictive behavior.
C. The client reports a commitment to only living with individuals who do not practice addictive behavior.
D. The client has terminated living with the individual who practices addictive behavior.

3. Social Isolation (3)

A. The client's social life is characterized by significant social isolation or withdrawal.
B. The client described a lack of confidence that he/she will be able to be healthily involved in social relationships.
C. The client has begun to develop increased feelings of comfort in social situations, and has decreased social withdrawal.
D. The client described instances in which he/she has been involved in significant social contacts.

4. High Risk of Abuse (4)

A. The client described that he/she is currently living in an environment in which there is a high risk of physical, sexual, or emotional abuse.
B. The client described instances of physical abuse that have occurred to him/her.
C. The client described instances of sexual abuse that have occurred to him/her.
D. The client described instances of emotional abuse that have occurred to him/her.
E. The client has taken steps to remove himself/herself from the abusive situation.

5. Family and/or Friends Are Addicts (5)

A. The client described that many of his/her friends or relatives practice addictive behavior patterns.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client described situations in which the addictive behavior of family members has, in turn, prompted addictive behavior in him/her.
C. The client described increased understanding of how the addictive behavior patterns of his/her friends or relatives affect his/her own addictive behavior patterns.
D. The client reported that he/she has changed his/her pattern of contact with friends or relatives who are practicing addictive behavior.

6. Family Anger (6)

A. The client reported that his/her family members are angry with him/her, and are not supportive of a recovery program.
B. The client projects blame on others for his/her family's anger toward him/her.
C. The client is beginning to accept responsibility for the conflicts within the family and to attempt to find resolution.
D. The client reported increased harmony and support between family members, and an increased pattern of support for his/her recovery program.

7. Financially Destitute (7)

A. The client reported that he/she is financially destitute and needs assistance for adequate food and shelter.
B. The client reported that he/she has been able to meet immediate needs for food and shelter.
C. The client has developed an adequate plan to handle financial problems and to adequately provide for himself/herself.

8. Peer Group Members Are Addicts (8)

A. The client reported that his/her peer group members regularly practice addictive behaviors.
B. The client described situations in which his/her peer group members' practice of addictive behavior has prompted his/her own addictive behavior.
C. The client described making modifications in his/her peer group.

9. Addiction-Prone Neighborhood (9)

A. The client reported that he/she lives in a neighborhood that has a high incidence of addictive behavior.
B. The client displayed understanding of the effects of his/her neighborhood's pattern of addictive behavior, and how this contributes to his/her own addictive behavior.
C. The client reported that he/she is making changes in his/her living situation to decrease the high incidence of addictive behavior.

INTERVENTIONS IMPLEMENTED

1. Use Step One Exercise (1)*

A. Using a 12-step program's Step One exercise, the client was assisted in identifying the powerlessness and unmanageability that result from addiction and a deficient environment.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client has completed the Step One exercise and his/her insight from this exercise was reviewed.
D. Active listening was provided as the client identified his/her pattern of powerlessness and unmanageability that have resulted from addiction and a deficient environment.
E. As therapy has progressed, the client has been noted to be identifying decreased powerlessness and unmanageability, as he/she has improved his/her environment and decreased his/her addictive behavior.
F. The client reported discontinuing his/her addictive behavior and improving his/her environment; this progress was reinforced.
G. The client has not completed the Step One exercise and was redirected to do so.

2. List Problems with Living Environment and Their Impact (2)

A. The client was assisted in identifying problems with his/her living environment and the negative impact that these problems have on his/her recovery.
B. The client was assisted with identifying several ways in which living environment problems have had a negative impact on his/her recovery.
C. As the client has improved his/her living environment, he/she has been noted to experience less negative impact on his/her recovery.

3. List Specific Environmental Problems/Consequences (3)

A. The client was assigned the "Understanding Family History" exercise from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
B. The client was assisted in identifying specific incidences when living environment problems have led to negative consequences and addiction.
C. As the client has gained insight into specific living environment triggers for addiction, he/she has been noted to be decreasing addictive behaviors.
D. The client was unable to identify specific incidences when living environment problems led to negative consequences and addictive behavior; tentative examples were provided to the client.

4. Administer Assessment Instruments (4)

A. Psychological instruments designed to objectively assess the client's perception of his/her social and family environment were administered.
B. The client was administered the Quality of Life Inventory (QOLI).
C. The client was administered the Family Environment Scale (FES).
D. The client has completed the psychological instruments designed to objectively assess his/her perception of his/her family environment, and feedback was provided regarding the results of this assessment.
E. The client has not completed the psychological instruments designed to objectively assess his/her perception of his/her family environment, and was redirected to do so.

5. Develop a Written Plan for Living Environment Problems (5)

A. The client was assisted in developing a written plan for each living environment problem in recovery.

B. Active listening was provided as the client identified specifics for addressing each living environment problem in recovery.
C. The client was reinforced as he/she verbalized a commitment to address living environment problems in recovery.
D. The client was reinforced as he/she has implemented specific steps to ameliorate his/her living environment deficiencies.
E. The client has not implemented plans for resolving living environment problems, and was redirected to do so.

6. Discuss Moving Alternatives (6)

A. Today's therapy session focused on alternatives that are available for the client for moving out of the current living situation that promotes ongoing addiction.
B. The client was assisted in identifying several different options for moving out of the current deficient living environment.
C. The client was noted to be committed to moving out of the current high-risk living environment.
D. The client was unable to identify any options for his/her high-risk living environment; tentative examples were provided to the client.

7. Identify Needs (7)

A. The client was assigned the "Assessing My Needs" assignment from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
B. The client was assisted in identifying his/her social, occupational, and financial needs.
C. Active listening was provided as the client identified several different social, occupational, and financial needs.
D. The client was assisted in developing a written plan to meet each of his/her social, occupational, and financial needs.
E. The client reported implementation of plans to meet social, occupational, and financial needs; the successes were reinforced, and failures were reviewed.
F. The client has struggled to clearly identify social, occupational, and financial needs, or plans to meet each of these needs in recovery; tentative examples were provided to the client.

8. Teach about the Importance of Peer Group Support (8)

A. The client was taught of the importance of a supportive peer group.
B. The client was assigned to list 10 reasons why he/she needs a new peer group to maintain abstinence.
C. The client endorsed the importance of a supportive peer group, and listed reasons why he/she needs a new peer group in order to maintain abstinence; this list was reviewed.
D. The client rejected the importance of a new peer group, and did not endorse the need for a new peer group to maintain abstinence; he/she was encouraged to increase his/her emphasis on peer group support.

9. Facilitate 12-Step Program Contact (9)

A. The client's connection with a 12-step program's contact person was facilitated.
B. The client was encouraged to discuss recovery plans with a 12-step program contact person.

C. The client was reinforced as he/she has made contact with a 12-step program contact person, and is discussing his/her recovery plans.
D. The client had not yet made contact with a 12-step program contact person, and he/she was encouraged to do so.

10. Develop a Recovery Plan (10)

A. The client was assisted in developing a personal recovery plan that has all the elements necessary for him/her to recover from addictive behavior and the deficient living environment.
B. The client was asked to complete the "What Would My Ideal Life Look Like?" assignment from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has listed several components of a recovery plan that will support his/her sobriety, such as self-help groups, a sponsor, family/social activities, and counseling with a specific psychotherapist; this list was reviewed.
D. The client was reinforced as he/she has identified portions of a recovery plan that will assist him/her in recovering from the deficient living environment concerns.
E. The client was reinforced for his/her active pursuit of the elements of his/her recovery plan.
F. The client has not completed a personal recovery plan, and was redirected to do so.
G. The client has not followed through with his/her recovery plan, and he/she was redirected to do so.

11. Encourage Recovery Group Involvement (11)

A. The client was encouraged to attend a 12-step recovery program meeting as a means of developing a supportive peer group.
B. The client was referred to an appropriate recovery group.
C. The client was reinforced for his/her involvement in an active recovery group as a way to develop a supportive peer group.
D. The client acknowledged that he/she did not follow through on involvement with a recovery group, and he/she was redirected to do so.

12. List Steps for Relationships with Recovering People (12)

A. The client was assigned the task of developing a list of ways in which he/she could develop relationships with individuals in recovery.
B. The client has developed a list of steps that he/she can take to develop relationships with individuals who are in recovery, which was reviewed in session.
C. The client has implemented steps toward developing new relationships with recovering people; this progress was reinforced.
D. The client has not developed a plan for initiating relationships with recovering people, and he/she was redirected to do so.

13. Teach about a Higher Power (13)

A. The client was presented with information about how faith in a higher power can aid in recovery from addictive behaviors.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.

D. The client rejected the idea of a higher power; he/she was encouraged to remain open to this concept.

14. Use Step Three (14)

A. The client was taught a 12-step program's third step, focusing on how to turn problems, worries, and his/her will and life over to a higher power.
B. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
C. The client participated in turning problems, worries, and will and life over to a higher power, and in trusting that the higher power is going to help him/her resolve the situation; this progress was reinforced.
D. The client rejected the idea of turning his/her problems, worries, and will and life over to a higher power, and does not feel that this will be helpful in resolving his/her problems; he/she was redirected about the need to trust a higher power.

15. Review Third-Step Implementation (15)

A. The client's implementation of the third-step exercise about turning his/her will and life over to a higher power was reviewed.
B. The client reported success in turning his/her will and life over to a higher power, and was verbally reinforced and encouraged.
C. The client reported difficulty or failure at attempting to turn his/her will and life over to a higher power, and these difficulties/failures were reviewed, problem-solved, and redirected.
D. As the client has successfully turned his/her will and life over to a higher power, he/she has reported an increased pattern of relief from his/her addictive behavior; this progress was highlighted.

16. Develop a Spiritual Growth Plan (16)

A. The client was assisted in developing a plan to continue his/her spiritual growth (e.g., attending church, recovery groups, counseling, meeting with a pastor, reading spiritual material).
B. The client was reinforced for specific steps to continue his/her spiritual growth.
C. The client reported implementation of his/her plan to continue his/her spiritual growth; this success was reinforced.
D. The client reported increased benefit from his/her plan to continue his/her spiritual growth; this success was highlighted.
E. The client has not developed or followed a plan to continue his/her spiritual growth, and this issue was processed.

17. Practice Declining Addictive Behavior (17)

A. The client was taught about high-risk situations for relapse, including negative emotions, social pressure, interpersonal conflict, positive emotions, and testing of personal control.
B. The client was taught, through modeling, role-playing, and behavior rehearsal, about saying no to addictive behavior in high-risk situations.
C. The client was assisted in practicing several situations in which he/she can say no to addictive behavior in high-risk situations.

D. The client reported implementing refusal techniques and successfully resisting addictive behavior in high-risk situations; this success was applauded.
E. The client has not used techniques to say no to addictive behavior in high-risk situations, and has continued to regularly participate in addictive behavior; this pattern was reflected to the client.

18. Assign Autobiography (18)

A. Using a 12-step recovery program's fourth-step inventory, the client was assigned to write an autobiography.
B. The client was asked to detail the exact nature of his/her wrongs, and how these relate to the negative peer group and addictive behavior.
C. Today's session focused on the client's completed fourth-step inventory.
D. A fourth-step inventory has not been completed by the client, and was reassigned.

19. Clarify between Passive, Aggressive, and Assertive Behavior (19)

A. The client was taught about passive behaviors.
B. The client was taught about aggressive behaviors.
C. The client was taught about assertive behaviors.
D. The client was taught about the difference between passive, aggressive, and assertive behavior.
E. The client was reinforced as he/she displayed a clear understanding of the difference between passive, aggressive, and assertive behavior.
F. The client struggled with understanding the difference between passive, aggressive, and assertive behaviors, and was provided with remedial feedback in this area.

20. Role-Play Assertive Responses to Situations (20)

A. The client was assisted in role-playing assertive responses to situations that he/she is currently facing.
B. The client was provided with feedback about his/her use of assertiveness techniques while role-playing situations he/she is currently facing.
C. The client was directed to practice assertive expression of feelings, thoughts, and desires to others throughout the week.
D. The client has practiced assertive expression of feelings, thoughts, and desires to others, and this success was reinforced.
E. The client has not practiced assertive expressions of feelings, thoughts, and desires to others during the week, and was redirected to do so.

21. Write Letters to Significant Others (21)

A. The client was assisted in writing a letter to each significant other, sharing his/her problem with addiction, describing how the living environment has fostered the addiction, and outlining the plan for recovery.
B. Today's session focused on letters the client has written to each significant other, sharing his/her addiction problem, describing how the living environment has fostered the addiction, and outlining his/her plan for recovery.

C. The client has provided each significant other with a letter describing his/her addiction problem, living environment deficiencies, and recovery plans, and their reactions were processed.
D. The client has not completed letters to significant others regarding his/her addiction problem, living environment deficiencies, and plan for recovery, and he/she was redirected to do so.

22. Educate Family about Addiction and Living Environment Deficiencies (22)

A. Today's family session focused on teaching family members about addiction, discussing the client's living environment deficiencies, and making plans for support of the client's recovery.
B. Family members were assisted in expressing their positive support for the client, and reported having a more accurate understanding of his/her addiction problems, living environment deficiencies, and plans for recovery.
C. Family members were neither understanding nor willing to provide support to the client, in spite of his/her addiction problems and environmental deficiencies; this reluctance was processed.

23. Plan to Deal with Addicted Family Members (23)

A. The client was assisted in developing a plan to deal with family members who are addicted.
B. The client was assisted in identifying steps that he/she can take to cope with family members who are addicted.
C. The client reported implementation of his/her plan to deal with family members who are addicted, and the results of this plan were processed.
D. The client has not developed a healthy plan as to how to deal with family members who are addicted, and he/she was redirected to do so.

24. Teach Family Environmental Deficiency/Addiction Connection (24)

A. A family session was held to educate the family and significant others regarding the connection between the client's environmental deficiencies and addictive behavior.
B. Family members expressed their positive support of the client and it was noted that they have a more accurate understanding of his/her environmental deficiencies and substance abuse problems.
C. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's environmental deficiencies and addiction problems; this failure was processed.

25. Engage Family Members in Aftercare (25)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members expressed their positive support of the client and committed to assist the client in his/her recovery; this success was reinforced.
C. Family members indicated their ongoing emotional displeasure with the client, and did not indicate a commitment to support his/her recovery; they were urged to provide more support as the client recovers.

26. Re-administer Psychological Instruments (26)

A. The outcome of treatment was assessed via the re-administration of objective tests of his/her perception of his/her social and family environment.
B. The client produced treatment outcome test scores indicating improvement on social and family environment concerns; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on social and family environment concerns; these results were presented to the client.

27. Assess Satisfaction (27)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

MANIA/HYPOMANIA

CLIENT PRESENTATION

1. Elevated/Irritable Mood (1)*

A. The client gave evidence of an elevated/irritable mood.
B. The client related instances of feeling irritated when others tried to control his/her elevated mood or grandiose ideas.
C. As the client's elevated mood has been controlled, his/her irritability has diminished.

2. Inflated Sense of Self (2)

A. The client gave evidence of an inflated sense of self-esteem and an exaggerated, euphoric belief in capabilities that denies any self-limitations or realistic obstacles.
B. The client appears oblivious to his/her inflated sense of self-esteem or euphoric beliefs, but sees others as standing in his/her way.
C. The client's inflated self-esteem and exaggerated, euphoric beliefs have persisted, in spite of attempts to get him/her to be more realistic.
D. The client's sense of self-esteem and beliefs in his/her capabilities have become more reality-based.
E. The client has presented no recent evidence of inflated self-esteem or exaggerated, euphoric beliefs.

3. Decreased Sleep (3)

A. The client described a pattern of attaining far less sleep than would ordinarily be needed.
B. The client has gone through periods when he/she did not sleep for 24 consecutive hours or more because his/her energy level was so high.
C. As the client's mania has begun to diminish, he/she has begun to return to a more normal sleeping pattern.
D. The client is getting 6 to 8 hours of sleep per night, 5 of 7 nights per week.

4. Increased, Pressured Speech (4)

A. The client gave evidence of increased, pressured speech within the session.
B. The client reported that his/her speech rate increases as he/she feels stressed.
C. The client's pressured speech has shown evidence of a decrease in intensity.
D. The client showed no evidence of pressured speech in today's session.

5. Racing Thoughts (5)

A. The client demonstrated a pattern of racing thoughts, moving from one subject to another without maintaining focus.

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B. The client reported that he/she experiences racing thoughts, including difficulty concentrating on one thought because other thoughts interfere.
C. The client reported that at times of quiet reflection, he/she is disturbed by thoughts racing through his/her mind.
D. The client's thoughts are not racing as they had been, and he/she is able to stay focused.

6. Poor Attention Span/Distraction (6)

A. The client gave evidence of a short attention span and a high level of distractibility.
B. The client reported that he/she is unable to focus his/her thoughts on one topic.
C. The client's attention shifted from one stimulus to the next.
D. The client has shown increased ability to focus attention, and has reduced distractibility.

7. Lack of Follow-Through (7)

A. The client described a behavior pattern that included a lack of follow through on many projects, even though his/her energy level is high, since he/she lacks discipline and goal directiveness.
B. The client's lack of follow through has resulted in frustration on the part of others.
C. The client has begun to exercise more discipline and goal directiveness in his/her behavior, resulting in the completion of projects.

8. Potentially Self-Damaging Activities (8)

A. The client reported a behavior pattern that reflected a lack of normal inhibition and an increase in potentially self-damaging activities (e.g., buying sprees, sexual acting out, foolish business investments).
B. The client's impulsivity has been reflected in sexual acting out, poor financial decisions, and social offenses.
C. The client has gained more control over his/her impulses, and has returned to a normal level of inhibition and social propriety.

9. Increased Addictive Behavior (9)

A. The client described an increase in impulsively engaging in addictive behaviors without regard for the consequences.
B. The client reported that he/she has attempted to decrease his/her impulsive, addictive behaviors, with little success.
C. The client has gained more control over his/her addictive behavior, and is more focused on the consequences of such behavior.

10. Verbal and Physical Aggression (10)

A. The client described a pattern of verbal and physical aggression when wishes are blocked, which is in contrast to an earlier pattern of restraint.
B. The client displayed tantrum-like behaviors when wishes are blocked.
C. The client has begun to return to his/her earlier pattern of restraint.
D. The client has displayed no evidence of verbal/physical aggression or tantrum-like behavior.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Mania/Hypomania (1)*

A. A 12-step recovery program's Step One was utilized to help the client see the powerlessness and unmanageability that have resulted from using addictive behavior to cope with the manic/hypomanic symptoms.

B. The client displayed an understanding of the concept presented regarding powerlessness, unmanageability, addiction, and manic/hypomanic symptoms.

C. The client was able to endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with manic/hypomanic symptoms; this progress was reinforced.

D. The client rejected the concept of powerlessness and unmanageability over his/her symptoms; he/she was asked to monitor these issues.

2. Teach about the Symptoms of Mania/Hypomania and Addiction (2)

A. The client was taught about the signs and symptoms of mania/hypomania, and how these symptoms can foster addictive behavior.

B. The client was assigned "Early Warning Signs of Mania/Hypomania" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. The client was noted to have an increased understanding about his/her symptoms of mania/hypomania.

D. The client was able to connect his/her addictive behavior to his/her symptoms of mania/hypomania; this insight was highlighted.

E. The client struggled to understand symptoms of mania/hypomania, and how they can lead to addictive behaviors; he/she was provided with additional feedback.

3. Explore for Manic Signs (3)

A. The client's thoughts, feelings, and behavior were explored for classic signs of mania, such as pressured speech, impulsive behavior, euphoric mood, flight of ideas, high energy level, reduced need for sleep, and inflated self-esteem.

B. The client described his/her feelings, thoughts, and behaviors, which confirmed the presence of the classic signs of mania.

4. Explore Addiction/Mania/Hypomania Connection (4)

A. The client's addictive behavior history was explored, along with his/her pattern of manic/hypomanic states.

B. The client was assigned "Coping with Addiction and Mood Disorders" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. Active listening was provided as the client identified that he/she has often engaged in addictive behavior when experiencing manic/hypomanic states.

D. The client denied any pattern of behavior relating manic/hypomanic states and addictive behaviors; he/she was urged to monitor this dynamic.

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5. Administer Assessment for Mania/Hypomania Symptoms (5)

A. The client was administered psychological instruments designed to objectively assess the strength of mania/hypomania symptoms.
B. The Minnesota Multiphasic Personality Inventory, 2nd edition (MMPI-2) was administered to the client.
C. The Personality Assessment Inventory (PAI) was administered to the client.
D. The client has completed the assessment of mania/hypomania symptoms, but minimal traits were identified; these results were reported to the client.
E. The client has completed the assessment of mania/hypomania symptoms, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of mania/hypomania symptoms, and the focus was turned toward this defensiveness.

6. Teach about a Higher Power (6)

A. The client was presented with information about how faith in a higher power can aid in recovery from mania/hypomania symptoms and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was urged to remain open to this idea.

7. Use Step Three (7)

A. The client was taught about a 12-step program's third step, focusing on how to turn over problems to a higher power.
B. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
C. The client participated in turning problems over to a higher power, and is trusting that the higher power is going to help him/her resolve the situation; this progress was reinforced.
D. The client rejected the idea of turning his/her problems over to a higher power, and does not feel that this will be helpful to resolve the situation; he/she was urged to remain open to this idea.

8. Review Step Three Implementation (8)

A. The client was assigned to turn over one problem each day to a higher power.
B. The client's implementation of the third-step exercise of turning problems over to a higher power was reviewed.
C. The client reported success in turning problems over to a higher power, and was verbally reinforced and encouraged.
D. The client reported difficulty or failure in attempting to turn problems over to a higher power, and these difficulties/failures were reviewed, problem-solved, and redirected.
E. As the client has successfully turned problems over to a higher power, he/she has been noted to have an increased pattern of relief from his/her problems and addictive behavior.

9. Assess Ability to Remain Safe (9)

A. An assessment was performed of the client's ability to remain safe within the community.
B. The client was assessed in regard to his/her level of manic behavior, impulsivity, and propensity toward potentially unsafe situations.
C. The natural and programmatic supports that can assist the client to remain safe within the community were assessed.
D. Due to programmatic supports, the client has been assessed as being able to remain safe within the community, despite his/her symptoms of mania/hypomania.
E. The client was judged to be unable to remain safe within the community due to his/her symptoms of mania and was referred for a more restrictive setting.

10. Arrange for a More Restrictive Setting (10)

A. Arrangements were made for the client to be hospitalized in a psychiatric setting based on the fact that his/her mania is so intense that he/she could be harmful to himself/herself or others or unable to care for his/her own basic needs.
B. The client was not willing to submit voluntarily to hospitalization; therefore, commitment procedures were initiated.
C. The client was supported for acknowledging the need for hospitalization and voluntarily admitting himself/herself to the psychiatric facility.

11. Refer for Psychiatric Evaluation (11)

A. The client was referred for a psychiatric evaluation to consider psychotropic medication to control the manic state.
B. The client has followed through with the psychiatric evaluation and pharmacotherapy has begun.
C. The client has been resistive to cooperating with a psychiatric evaluation and was encouraged to follow through on this recommendation.

12. Monitor Medication Reaction (12)

A. The client's reaction to the medication in terms of side effects and effectiveness were monitored.
B. The client reported that the medication has been effective at reducing energy levels, flight of ideas, and the decreased need for sleep; he/she was urged to continue this medication regimen.
C. The client has been reluctant to take the prescribed medication for his/her manic state, but was urged to follow through on the prescription.
D. As the client has taken his/her medication, which has been successful in reducing the intensity of the mania, he/she has begun to feel that it is no longer necessary and has indicated a desire to stop taking it; he/she was urged to continue the medication as prescribed.

13. Monitor Ability to Participate in Psychotherapy (13)

A. The client's pattern of symptom improvement was monitored, with a focus on how stable he/she is in regard to participation in psychotherapy.

B. The client was judged to be significantly improved and capable of participating in psychotherapy.
C. The client was judged to still be too manic to allow helpful participation in psychotherapy.

14. Conduct Family-Focused Treatment (14)

A. The client and significant others were included in the treatment model.
B. Family-focused treatment was used with the client and significant others as indicated in *Bipolar Disorder: A Family-Focused Approach* (Miklowitz and Goldstein).
C. As family members were not available to participate in therapy, the family-focused treatment model was adapted to individual therapy.

15. Assess Family Communication Patterns (15)

A. Objective instruments were used to assess the family communication patterns.
B. The level of expressed emotions within the family was specifically assessed.
C. The *Perceived Criticism Scale* (Hooley and Teasdale) was used to assess family communication problems.
D. The family was provided with feedback about their pattern of communication.
E. The family has not been involved in the assessment of communication patterns, and the focus of treatment was diverted to this resistance.

16. Educate about Mood Episodes (16)

A. A variety of modalities were used to teach the family about signs and symptoms of the client's mood episodes.
B. The phasic relapsing nature of the client's mood episodes was emphasized.
C. The client's mood episode concerns were normalized.
D. The client's mood episodes were destigmatized.

17. Teach Stress Diathesis Model (17)

A. The client was taught a stress diathesis model of Bipolar Disorder.
B. The biological predisposition to mood episodes was emphasized.
C. The client was taught about how stress can make him/her more vulnerable to mood episodes.
D. The manageability of mood episodes was emphasized.
E. The client was reinforced for his/her clear understanding of the stress diathesis model of Bipolar Disorder.
F. The client struggled to display a clear understanding of the stress diathesis model of Bipolar Disorder and was provided with additional remedial information in this area.

18. Provide Rationale for Treatment (18)

A. The client was provided with the rationale for treatment involving ongoing medication and psychosocial treatment.
B. The focus of treatment was emphasized, including recognizing, managing, and reducing biological and psychological vulnerabilities that could precipitate relapse.
C. A discussion was held about the rationale for treatment.
D. The client was reinforced for his/her understanding of the appropriate rationale for treatment.

E. The client was redirected when he/she displayed a poor understanding of the rationale for treatment.

19. Identify Relapse Triggers (19)

A. Sources of the client's stress and triggers for potential relapse were identified.
B. Negative events, cognitive interpretations, aversive communication, poor sleep hygiene, and medication noncompliance were investigated as potential stressors or triggers of potential relapse.
C. Cognitive-behavioral techniques were used to address the sources of stress and triggers for potential relapse.

20. Enhance Engagement in Medication Use (20)

A. Motivational approaches were used to help enhance the client's level of engagement in his/her medication use and compliance to the medication regimen.
B. Modeling, role-playing, and behavioral rehearsal were used to help the client use problem-solving skills to work through several current conflicts.
C. The client was taught about the risk for relapse when medication is discontinued.
D. Commitment was obtained to continuous prescription adherence.
E. As a result of motivational approaches for medication compliance, the subject's use of medication has significantly improved.
F. The client continues to be medication noncompliant despite use of motivational approaches; the client was refocused on this task.

21. Assess Prescription Noncompliance Factors (21)

A. Factors that have precipitated the client's prescription noncompliance were assessed.
B. The client was checked for specific thoughts, feelings, and stressors that might contribute to his/her prescription noncompliance.
C. The client was assigned "Why I Dislike Taking My Medication" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. A plan was developed for recognizing and addressing the factors that have precipitated the client's prescription noncompliance.

22. Educate about Lab Work (22)

A. The client was educated about the need to stay compliant with the necessary lab work involved in regulating his/her medication levels.
B. The client was encouraged to stay compliant with necessary lab work.
C. The client was reinforced for his/her compliance to completing necessary lab work to help regulate his/her medication levels.
D. The client has not been regular in his/her compliance to do lab work for regulating his/her medication levels and was redirected to do so.

23. Teach about Sleep Hygiene Importance (23)

A. The client was taught about the importance of good sleep hygiene.
B. The client's sleep pattern was routinely assessed.

C. Interventions for the client's sleep pattern were provided, as he/she has been noted to have a dysfunctional sleep pattern.

24. Educate about Symptoms of Relapse (24)

A. The client was educated about the signs and symptoms of pending relapse.
B. The client's family was educated about the signs and symptoms of pending relapse.

25. Develop Relapse Drill (25)

A. The client and family were assisted in drawing up a "relapse drill," detailing roles and responsibilities.
B. Family members were asked to take responsibility for specific roles (e.g., who will call a meeting of the family to problem-solve a potential relapse; who will call physician, schedule a serum medication level, or contact emergency services, if needed).
C. Obstacles to providing family support to the client's potential relapse were reviewed and the problem was solved.
D. The family was asked to make a commitment to adherence to the plan.
E. The family was reinforced for their commitment to the adherence to the plan.
F. The family has not developed a clear commitment to the relapse prevention plan and was redirected in this area.

26. Assess and Educate about Aversive Communication (26)

A. The family was assessed for the role of aversive communication in family distress and in the risk for the client's manic relapse.
B. The family was educated about the role of aversive communication (e.g., highly expressed emotion) in developing greater family stress and in increasing the client's risk for manic relapse.
C. The family displayed a clear understanding of the effects of aversive communication and this was reinforced.
D. The family was provided with remedial feedback, as they did not display a clear understanding of the risk for relapse due to aversive communication.

27. Teach Communication Skills (27)

A. Behavioral techniques were used to teach communication skills.
B. Communication skills such as offering positive feedback, active listening, making positive requests for behavioral change, and giving negative feedback in an honest, respectful manner were taught to the client and family.
C. Behavioral techniques were used to teach the family healthy communication skills.
D. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach communication skills.

28. Assign Communication Skills Homework (28)

A. The client and family were assigned homework exercises to use and record newly learned communication skills.
B. Family members have used newly learned communication skills, and the results were processed within the session.

C. Family members have not used the newly learned communication skills and were redirected to do so.

29. Differentiate Losses, Abilities, and Expectations (29)

A. The client was assisted in differentiating between actual losses, abilities, and expectations, and imagined or exaggerated losses, abilities, and expectations.

B. The client verbalized grief, fear, and anger regarding imagined losses in life and was provided with support and redirection in this area.

C. The client was able to differentiate between his/her real and imagined losses, abilities, and expectations and was provided with positive feedback in this area.

D. The client continues to focus on imagined, exaggerated losses, abilities, and expectations and was focused on being more reality oriented in this area.

30. Confront Grandiosity (30)

A. The client's grandiosity and demandingness were kindly but firmly confronted.

B. The client has become less expansive in his/her mood and more socially appropriate due to the consistent confrontation of his/her grandiosity and demandingness.

C. The client has reacted with anger and irritability when his/her grandiosity was confronted.

31. Focus on Impulsive Behavior Consequences (31)

A. The client's impulsive behavior was repeatedly reviewed in order to help him/her identify the negative consequences that result from this pattern.

B. The client was assigned "Recognizing the Negative Consequences of Impulsive Behavior" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The impulsive nature of the client's manic/hypomanic episode was reviewed regarding its negative consequences.

D. The client was focused onto the need to identify his/her impulsive, manic/hypomanic symptoms as early as possible.

E. The client was helped to identify the impulsive nature and negative consequences of his/her manic/hypomanic episodes and not to be so focused on just the here and now, and he/she was provided with additional feedback in this area.

32. Increase Sensitivity to Effects of Behavior (32)

A. Role-playing, role reversal, and behavioral rehearsal were used to increase the client's sensitivity to the negative effects of his/her impulsive behavior.

B. The client was reinforced for his/her increased sensitivity to the negative effects of his/her impulsive behavior on others.

C. The client has had significant difficulty identifying negative consequences for his/her impulsive behavior, despite the use of role-playing, role reversal, and behavioral rehearsal.

33. Confront Mania and Enforce Rules (33)

A. Unhealthy, impulsive, or manic behaviors that occur during contacts with the clinician were identified and confronted.

B. Clear rules and roles in the relationship were identified and enforced with immediate, short-term consequences for breaking such boundaries.

C. The client's unhealthy, impulsive, or manic behaviors have diminished in response to limit setting within the session.

34. Address Problem-Solving (34)

A. The client was asked to identify conflicts that can be addressed through problem-solving techniques.
B. The family members were asked to give input about conflicts that could be addressed with problem-solving techniques.
C. The client and family arrived at a list of conflicts that could be addressed with problem-solving techniques.

35. Teach Problem-Solving Skills (35)

A. Behavioral techniques such as education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the client and family problem-solving skills.
B. Specific problem-solving skills were taught to the family, including defining the problem constructively and specifically, brainstorming options, evaluating options, choosing options, implementing a plan, evaluating the results, and reevaluating the plan.
C. Family members were asked to use the problem-solving skills on specific situations.
D. The family was reinforced for positive use of problem-solving skills.
E. The family was redirected for failures to properly use problem-solving skills.

36. Assign Problem-Solving Homework (36)

A. The client and family were assigned to use newly learned problem-solving skills and record their use.
B. The results of the family members' use of problem-solving skills were reviewed within the session.

37. Reinforce Control over Thought Process (37)

A. The client was reinforced for controlling his/her slower speech.
B. The client was reinforced for his/her more deliberate thought process.

38. Reinforce Agitation Control (38)

A. The client was reinforced for controlling his/her motor agitation and helped to set goals for and limits on his/her behavior.
B. The client was taught relaxation techniques to help him/her reduce the level of agitation and restlessness.
C. It was noticed that the client has become less agitated and more relaxed.

39. Monitor Energy Level (39)

A. The client's energy level was monitored, and he/she was reinforced for increased control over behavior, pressured speech, and expression of ideas.
B. The client has responded favorably to placing more structure and control over his/her behavior and reported less agitation and flight of ideas.
C. The client continues to have periods of increased agitation, pressured speech, and flight of ideas and was provided with remedial feedback in this area.

40. Schedule Maintenance Session (40)

A. The client was scheduled for a maintenance session between 1 and 3 months after therapy ends.
B. The client was advised to contact the therapist if he/she needs to be seen prior to the maintenance session.
C. The client's maintenance session was held, and he/she was reinforced for his/her successful implementation of therapy techniques.
D. The client's maintenance session was held, and he/she was coordinated for further treatment, as his/her progress has not been sustained.

41. Outline Recovery Components (41)

A. The client was assisted in outlining the essential components for managing manic/hypomanic states and addiction (i.e., taking medication, complying with medical monitoring, continuing therapy, attending therapy groups regularly, using a higher power, getting a sponsor, helping others in recovery).
B. The client was reinforced as he/she endorsed recovery plan components.
C. The client has implemented recovery plan components to assist in managing manic/hypomanic states and addiction; this was reinforced.
D. The client has not been utilizing recovery plan components, and he/she was redirected to do so.

42. Discuss Discharge Plan/Environment (42)

A. Today's session focused on discharge planning, and on assisting the client in deciding what environment he/she needs in early recovery.
B. Active listening was provided as the client endorsed a healthy discharge plan, and identified the environment that he/she needs in early recovery.
C. The client has been reluctant to endorse specific discharge plans, and was urged to be more direct in this area.
D. The client is uncertain about the recovery environment that he/she must utilize in order to have a successful early recovery; specific feedback was provided.

43. Assign Step Four Exercise (43)

A. The client was taught about a 12-step recovery program's Step Four, focusing on the detailing of the exact nature of his/her wrongs.
B. The client was directed to write an autobiography detailing the exact nature of his/her wrongs.
C. The client has completed his/her autobiography and has detailed the exact nature of his/her wrongs, and has shared this with someone in recovery; his/her reaction was processed.
D. The client has not completed his/her Step Four exercise, and he/she was redirected to do so.

44. Develop Recovery Plan (44)

A. The client was taught about the importance of working a program of recovery that includes attending recovery group meetings regularly and helping others.
B. The client was assisted in developing a recovery program.

C. The client was reinforced as he/she described active pursuit of the elements of his/her recovery program.
D. The client has not followed through on a recovery program, and he/she was redirected to do so.

45. Develop 12-Step Program Contact (45)

A. A contact with a representative of a 12-step program was coordinated.
B. The client was assigned to talk to his/her 12-step program contact person about manic/hypomanic states and addiction.
C. The client reported a helpful conversation with a 12-step recovery program contact person, including insight into manic/hypomanic states and addiction; this progress was reinforced.
D. The client has not made contact with a 12-step recovery program's representative, and he/she was encouraged to do so.

46. Re-administer Psychological Instruments (46)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of mania/hypomania.
B. The client produced treatment outcome test scores indicating improvement on mania/hypomania symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on mania/hypomania symptoms, and these results were presented to the client.

47. Assess Satisfaction (47)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

MEDICAL ISSUES

CLIENT PRESENTATION

1. Medical Problems (1)*

A. The client has been diagnosed with biomedical problems that complicate recovery from addictive behavior.
B. The client has pursued treatment for his/her medical condition.
C. The client has refused treatment for his/her medical condition.
D. The client has not sought treatment for his/her medical condition because of a lack of insurance and financial resources.
E. The client's serious medical condition is under treatment and is showing signs of improvement.

2. Medication Monitoring Necessary (2)

A. The client is in need of medications to properly treat his/her medical condition.
B. The client's medications must be monitored on a regular basis in order to ensure the proper dosage level and greatest efficacy.
C. The client has regularly worked with his/her physician to monitor his/her medications.
D. The client has resisted submitting to the monitoring of his/her medications.

3. Mobility Assistance Necessary (2)

A. The client's medical condition necessitates assistance with mobility.
B. The client is able to do the greatest amount of his/her own tasks, with limited assistance from others.
C. The client often needs assistance from others to ambulate or do other basic tasks.

4. Organic Brain Syndrome (3)

A. The client's use of mood-altering chemicals has resulted in organic brain syndrome, which compromises learning.
B. The client's recovery is compromised by his/her learning difficulties, due to organic brain syndrome.
C. The client's information for his/her recovery program has been modified to provide him/her with the greatest capability of learning.
D. The client has modified his/her pattern of learning to maximize his/her recovery process.

5. Incapable of Self-Administering Medications (4)

A. The client is incapable of self-administering prescribed medications.
B. The client has often misused his/her prescribed medications in an attempt to abuse substances.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client has often struggled to appropriately administer his/her own medications, due to a lack of understanding.
D. As the client has progressed in recovery, he/she has regularly, appropriately administered his/her own medications.

6. Chronic Pain Syndrome (5)

A. The client experiences chronic pain syndrome, which is debilitating and results in a higher risk for relapse into substance dependence.
B. The client has learned coping skills for adapting to his/her chronic pain.
C. The client has learned to cope more effectively with the chronic pain, and his/her risk for relapse into substance dependence has decreased.
D. The client's chronic pain continues, and his/her risk for relapse into substance dependence has increased.

7. Medical/Nursing Assistance Required (6)

A. The client's biomedical problems require medical/nursing assistance.
B. The client has not regularly used medical/nursing assistance.
C. The client is more accepting of the medical/nursing assistance required for his/her biomedical problems.

8. Self-Medication (7)

A. The client has used mood-altering chemicals to self-medicate his/her medical problems.
B. The client's pattern of using mood-altering chemicals to self-medicate medical problems has increased.
C. As treatment has progressed, the client's use of mood-altering chemicals to self-medicate medical problems has decreased.

9. Negative Emotions (8)

A. The client's current medical condition is complicated by emotional factors.
B. The client is in denial about the emotional factors that are having a negative impact on his/her medical condition and increased addictive behavior.
C. The client expressed his/her anger, resentment, pain, and anguish regarding the losses that he/she has suffered due to his/her medical concerns.
D. The client acknowledged that there are psychological and emotional factors influencing his/her medical condition, which then lead to addictive behaviors.
E. As the client has resolved his/her negative emotions surrounding the medical illness, his/her addictive behavior has decreased as well.

10. Concentration Difficulties (9)

A. The client's medical problems are so severe that concentration on recovery issues is compromised.
B. The client struggles to concentrate on basic information reviewed in individual sessions and groups.
C. The client has developed adaptive behaviors to help increase his/her concentration.

D. As the client has improved relative to his/her medical problems, his/her concentration on recovery has improved.

11. Denies Substance Abuse Disorder (10)

A. The client denied any pattern of addiction in spite of strong evidence of increased tolerance, loss of control, and many negative consequences of addictive behavior.
B. The client consistently changed the focus of concerns to medical issues.
C. The client failed to acknowledge significant problems that have resulted from his/her addictive behavior.
D. This client has decreased his/her focus on medical problems; he/she has begun to focus on his/her addiction problems.
E. The client has been willing to regularly place his/her focus on his/her addiction rather than on auxiliary problems.

12. Doctor Shopping (11)

A. The client reported that he/she has often used substances in order to manage his/her medical concerns.
B. The client has attempted to engage multiple physicians in order to try to obtain more than the expected or necessary amount of medications.
C. The client has experienced negative effects of polypharmacy.
D. As treatment has progressed, the client has decreased the use of multiple physicians for his/her medical management.
E. The client has discontinued "doctor shopping" and uses only physicians approved by his/her primary clinician.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Powerlessness and Addiction (1)*

A. The client was taught about the use of a 12-step recovery program's Step One exercise to acknowledge the unmanageability of medical issues and addiction.
B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was noted to be accepting the idea of being powerless and unable to manage medical issues and addiction problems.
D. The client identified increased serenity after accepting his/her powerlessness and inability to manage medical concerns and addiction; this progress was highlighted.
E. The client rejected the idea of powerlessness and unmanageability over his/her medical concerns and addiction concerns; he/she was provided with examples of how others have experienced this dynamic.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

2. Teach Relationship between Medical Problems and Addiction (2)

A. The client was taught, through using a biopsychosocial approach, about the relationship between his/her medical condition and his/her addictive behavior.
B. The client was assigned "Coping with Addiction and Other Medical Problems" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has completed the assignment to develop the relationship between medical problems and addictive behavior, and his/her responses were processed.
D. The client has not completed the assignment and was redirected to do so.
E. The client was noted to acknowledge several incidents in which medical problems have prompted the addictive behavior.
F. The client rejected the idea that his/her medical condition is related to his/her addiction concerns; tentative examples were noted.

3. Administer Assessment for Ability to Cope with Medical Problems (3)

A. The client was administered psychological instruments designed to objectively assess his/her coping with medical problems.
B. The Beck Depression Inventory—FastScreen for Medical Patients (BDI-FastScreen) was administered to the client.
C. The Coping with Health Injuries and Problems (CHIP) assessment tool was administered to the client.
D. The client has completed the assessment of ability to cope with medical problems, but minimal symptoms were identified; these results were reported to the client.
E. The client has completed the assessment of ability to cope with medical problems, and significant symptoms were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of ability to cope with medical problems, and the focus of treatment was turned toward this defensiveness.

4. Teach about Medical Issues and Addiction Threats (4)

A. The client was taught about his/her medical issues and how this poses a serious risk to his/her welfare.
B. The client was taught about his/her addiction concerns and how this poses a serious risk to his/her welfare.
C. The client was reinforced as he/she verbalized an acceptance and understanding of how the medical issues and addiction are both illnesses that pose a serious risk to his/her welfare.
D. The client rejected the idea of his/her medical concerns or his/her addiction problems as a serious risk to his/her welfare; he/she was urged to monitor this dynamic.

5. List Negative Consequences (5)

A. The client was assigned to write a list of negative consequences that have occurred because of using addictive behavior to cope with medical problems.
B. The client was noted to minimize the negative impact of his/her addictive behavior to cope with medical problems.

C. The client completed his/her list of negative impacts of using addictive behavior to cope with medical problems, and was helped to acknowledge the negative consequences he/she has experienced.
D. The client has not completed the list of negative impacts on his/her life, and was redirected to do so.

6. Educate about the Negative Impact of Addictive Behavior (6)

A. The client was educated about the negative impact of addictive behavior on bodily functioning and systems.
B. The client was reinforced as he/she verbalized an increased understanding about the negative impact of the addictive behavior on his/her bodily functioning and systems.
C. As the client has gained understanding about the negative impact of addictive behavior on bodily functioning and systems, he/she has been noted to reduce his/her addictive behavior.
D. The client denied any negative impact regarding his/her addictive behavior on his/her bodily functioning and systems; tentative examples were provided.

7. Referral to a Physician (7)

A. The client was referred to a physician for a complete physical examination to evaluate his/her medical condition.
B. The client followed through with a referral to a physician for a medical examination, and this was supported.
C. The physician has examined the client and made recommendations as indicated to treat the medical condition and alleviate the symptoms.
D. The client has failed to follow through on the recommendation to obtain a medical evaluation, and was redirected to do so.

8. Monitor Medical Treatment (8)

A. The client was monitored for follow through on the physician's orders and on the effectiveness of treatment.
B. The medical staff has followed up on the treatment plan as ordered by the physician.
C. The client has complied with the physician's recommendations, and the client's condition has improved.
D. The client has failed to consistently follow through with the physician's orders regarding medical treatment, and was encouraged to comply.

9. Encourage Medical Compliance (9)

A. The client was given information about his/her medical condition and was urged to cooperate with his/her doctor's recommendations.
B. The client verbalized a more complete understanding of his/her medical problems and stated a willingness to cooperate with medical care after reviewing information provided about his/her medical condition.
C. The client did not demonstrate a good understanding of his/her medical condition, and continues to refuse the necessary medical care; remedial information was provided.

10. Provide Medical Information (10)

A. The client was provided with appropriate literature and reference material that would increase his/her understanding of his/her medical condition.

B. The client was encouraged to contact medical resources to obtain information regarding his/her medical condition.

C. The client has declined to seek further information regarding his/her medical condition, its treatment, and prognosis; he/she was urged to seek out more information.

11. Teach about Treatment of the Medical Condition and the Prognosis (11)

A. The client was referred to medical personnel to teach him/her about his/her medical condition, and to discuss the treatment plan and prognosis.

B. As a result of the teaching about the client's medical condition and prognosis, the client verbalized an increased understanding about his/her medical condition, treatment plan, and prognosis.

C. The client continued to display a lack of understanding about his/her medical condition, treatment plan, and prognosis, and was provided with additional information.

12. Teach the Importance of Medical Management and Follow-Up (12)

A. The client was taught about the importance of medical management and follow-up in aftercare.

B. The client was reinforced as he/she acknowledged a need for medical management and follow-up in aftercare.

C. The client identified a specific plan for medical management and follow-up in aftercare; this progress was highlighted.

D. The client reported having followed through on medical management and follow-up in aftercare; his/her experience was reviewed.

E. The client does not appear to grasp the importance of medical management and follow-up in aftercare; remedial feedback was provided.

13. Teach about Assertiveness for Medical Information and Treatment (13)

A. The client was taught about assertiveness skills through didactics, role-playing, and written information.

B. The client was assigned "How I Feel about My Medical Treatment" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client was encouraged to implement assertiveness skills in obtaining information about and becoming involved in the management of his/her medical treatment.

D. The client displayed an understanding of the use of the assigned assertiveness skills.

E. The client was reinforced as he/she reported using assertiveness skills to obtain information about, and become more involved in, the management of his/her medical treatment.

F. The client has struggled to understand and use the assigned assertiveness skills regarding his/her medical illness and treatment.

14. List Actions to Improve Physical Functioning (14)

A. After a discussion with the medical staff, the client was assisted in listing actions that he/she can take to improve physical functioning (e.g., taking medications; maintaining abstinence;

practicing relaxation; implementing proper diet, rest, and exercise; keeping regular follow-up appointments with the physician).

B. The client's list of actions that he/she can take to improve physical functioning was processed.

C. The client was reinforced as he/she reported implementing his/her list of actions that he/she can take to improve physical functioning.

D. The client did not develop and implement a list of actions that can improve his/her physical functioning, and was redirected to do so.

15. Teach Relaxation Techniques for Pain Management (15)

A. The client was taught relaxation techniques (e.g., deep muscle relaxation, guided imagery) to help him/her manage his/her pain.

B. The client was assigned "Learning to Self-Soothe" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. The client was assigned to use relaxation techniques on a regular basis.

D. The client reported implementing assigned relaxation techniques to help manage pain, and that the techniques are beneficial.

E. The client has not followed through with the implementation of the relaxation techniques for pain management, and was redirected to do so.

16. Refer the Client to a Pain Clinic (16)

A. The client was referred to a pain clinic for medical and psychological management of pain.

B. The client accepted the pain clinic referral and attended an appointment.

C. The client was noted to have better patterns of managing the medical and psychological components of his/her pain.

D. The client has refused to follow through on the referral to a pain clinic, and was encouraged to do so.

17. Discuss Medical Issues, Addiction, and Support Services with Family (17)

A. In a family session, discussion focused on the client's medical issues and addiction.

B. Family members were encouraged to obtain support group services (e.g., Al-Anon, Alateen, medical support group).

C. Family members were reinforced as they indicated an increased understanding of the medical issues and addiction concerns for the client.

D. Family members were reinforced for seeking out supportive services (e.g., Al-Anon, Alateen, medical support group).

E. The family has struggled to understand the medical issues and addiction concerns, and has not obtained supportive services; they were directed to do so.

18. Teach about a Higher Power (18)

A. The client was presented with information about how faith in a higher power can aid in recovery from medical issues and addiction concerns.

B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.

C. The client was encouraged to describe his/her beliefs about his/her higher power.

D. The client rejected the idea of a higher power, and was provided with additional examples of how this can be helpful (pray for assistance with medical problems, practice regular meditation, attend religious activities to gain support).

19. Teach about Step Eleven Prayer and Meditation (19)

A. The client was taught, through using a 12-step recovery program's Step Eleven exercise, to pray and meditate.
B. The client was assigned the Step Eleven exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson), and his/her insight was reviewed.
C. The client has not completed the Step Eleven exercise and was redirected to do so.
D. The client indicated an understanding of the concepts related to prayer and meditation, and was assigned daily contact with his/her higher power regarding medical issues and addiction behaviors.
E. The client was reinforced as he/she reported implementing regular prayer and meditation, and that turning his/her medical problems and addiction concerns over to a higher power has been helpful.
F. The client has struggled to use prayer and meditation to turn over his/her medical concerns to a higher power; his/her barriers to this helpful practice were problem solved.
G. The client has not used prayer and meditation techniques, and was redirected to do so.

20. Develop a Personal Recovery Plan (20)

A. The client was assisted in developing a personal recovery plan that details what he/she is going to do in recovery to maintain abstinence and to treat biomedical issues (e.g., attend recovery groups regularly, make medical visits regularly, take medication as indicated, get a sponsor, attend aftercare, help others).
B. The client was assigned "Physical and Emotional Self-Care" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned a "Personal Recovery Planning" assignment from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client has listed several components of a personal recovery plan that will support his/her sobriety and medical treatment issues (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed and processed.
E. The client described active pursuit of the elements of his/her personal recovery plan; this progress was reinforced.
F. The client has not followed through on a personal recovery plan, and was redirected to do so.

21. Teach Family the Connection between Medical Issues and Addiction (21)

A. A family session was held to educate the family and significant others regarding the connection between the client's medical issues and addiction problems.
B. Family members were encouraged as they expressed their positive support of the client and a more accurate understanding of his/her medical issues and substance abuse problems.
C. Family members were not understanding or willing to provide support to the client, despite increased understanding of his/her medical issues and addiction problems; they were urged to monitor the client's recovery.

22. Engage Family Members in the Client's Aftercare (22)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize his/her recovery.

B. Family members were reinforced as they expressed their positive support of the client and committed to assisting him/her in his/her recovery.

C. Family members indicated ongoing emotional displeasure with the client, and did not indicate a commitment for support for his/her recovery; they were urged to monitor the client's recovery.

23. Re-administer Psychological Instruments (23)

A. The outcome of treatment was assessed via the re-administration of objective tests of the ability to cope with medical problems.

B. The client produced treatment outcome test scores indicating improvement on the ability to cope with medical problems; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating a lack of improvement on the ability to cope with medical problems; these results were presented to the client.

24. Assess Satisfaction (24)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

NARCISSISTIC TRAITS

CLIENT PRESENTATION

1. Grandiose Sense of Self (1)*

A. The client displayed within the session an inflated sense of self-importance and self-worth.
B. The client reported problems in relationships due to his/her pattern of inflating his/her sense of self-worth and self-importance.
C. As therapy has progressed, the client has developed a better understanding of his/her grandiose patterns, and decreased his/her belief regarding his/her inflated sense of self-worth and self-importance.

2. Unreasonable Fantasies (2)

A. The client reported a persistent tendency to fantasize about unlimited power, success, intelligence, or beauty.
B. The client verbalized within the session his/her fantasies about unlimited power, success, intelligence, or beauty.
C. As therapy has progressed, the client has displayed a decrease in his/her tendency to fantasize about unrealistic power, success, intelligence, or beauty.

3. Belief in Specialness (3)

A. The client believes that he/she is special and that only other special people can appreciate him/her.
B. The client questioned the clinician's ability to appreciate his/her unrealistic pattern of belief in his/her own special status.
C. The client has struggled to engage in treatment due to his/her belief that others are unable to understand his/her special qualities.
D. As therapy has progressed, the client has developed a more realistic sense of self and how others can relate to him/her.

4. Need for Recognition/Adoration (4)

A. The client reported a pattern of needing to be recognized, admired, and adored by others.
B. During the session, the client displayed a pattern of needing to be recognized, admired, and adored.
C. The client described relationship difficulties due to his/her unfulfilled expectation that others will recognize, admire, and adore him/her.
D. As therapy has progressed, the client has decreased his/her need to be recognized, admired, and adored.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Angry Response to Unmet Needs (5)

A. The client described a pattern of anger and resentment when others do not immediately meet his/her wishes, wants, needs, or expectations.
B. The client displayed a demanding, angry attitude within the session when his/her wishes, wants, needs, or expectations were not fulfilled.
C. The client reported a pattern of relationship problems due to others not meeting his/her wishes, wants, needs, or expectations.
D. As therapy has progressed, the client has been more tolerant of others not immediately meeting his/her wishes, wants, needs, or expectations.

6. Lacks Empathy for Others (6)

A. The client displayed little concern or empathy for the thoughts, feelings, and needs of other people.
B. The client has demonstrated a willingness to ride roughshod over the rights of others to meet his/her needs.
C. The client verbalized an understanding of how his/her actions and comments have negatively impacted others.
D. The client has demonstrated empathy and sensitivity to the thoughts, feelings, and needs of other people.

7. Unreasonable Expectations (7)

A. The client displays unreasonable expectations of others within relationships.
B. The client displays little empathy for how his/her actions affect others.
C. The client has vacillated between his/her own unreasonable expectations and having greater concern for others.
D. The client is able to be consistently empathetic in regard to expectations of others within relationships.

8. Expects and Experiences Envy (8)

A. The client identified that he/she is often envious of others.
B. The client identified that he/she often believes that others are envious of him/her.
C. As the client has gained insight into his/her narcissistic traits, he/she has decreased his/her pattern of experiencing and expecting envy.

9. Bragging (9)

A. The client acknowledged a pattern of bragging about his/her achievements, exaggerated abilities, and body image.
B. The client displayed within the session a pattern of bragging about his/her achievements, exaggerated abilities, and body image.
C. The client reported a pattern of negative reactions from others due to his/her pattern of bragging.
D. As therapy has progressed, the client has decreased his/her tendency to brag about himself/herself, and reports better relationships.

10. Manipulation and Exploitation (10)

A. The client described a pattern of manipulation and exploitation of others to meet his/her needs and to avoid facing the consequences of his/her actions.
B. The client appeared to be manipulative and exploitative during this session.
C. The client was honest in the therapy session, and admitted to his/her pattern of manipulative and exploitative behaviors.
D. Family members and other significant individuals have described a pattern of more honest communication and interaction with the client.

11. Overly Demanding (11)

A. The client displays a pattern of being overly demanding in interpersonal relationships.
B. The client displays little empathy for the needs, wishes, and wants of significant others when making his/her demands.
C. The client identified his/her pattern of being demanding and unempathetic.
D. As treatment has progressed, the client displays a less demanding pattern in his/her interpersonal relationships and has more care for the needs, wishes, and wants of others.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Narcissistic Traits and Addiction (1)*

A. The client was taught about the use of a 12-step recovery program's Step One exercise to acknowledge unmanageability of narcissistic traits and addiction behaviors.
B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client accepted the ideas presented regarding powerlessness and being unable to manage narcissistic traits and addiction problems.
D. The client identified increased serenity after accepting his/her powerlessness and inability to manage narcissistic traits and addiction problems; this insight was reinforced.
E. The client rejected the concept of powerlessness and unmanageability over his/her narcissistic traits and addiction symptoms; additional feedback and tentative examples were provided.

2. Teach Relationship between Narcissistic Traits and Addiction (2)

A. The client was taught about the relationship between narcissistic traits and his/her addictive behavior.
B. Active listening was provided as the client was able to acknowledge several instances in which narcissistic traits have prompted his/her addictive behavior.
C. A decrease was noted in the client's addictive behavior as narcissistic symptoms have decreased.
D. The client has rejected the idea that his/her narcissistic traits relate to his/her addictive behavior; he/she was urged to monitor this dynamic.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

3. List Negative Consequences (3)

A. The client was asked to make a list of examples in which narcissistic traits have negatively impacted his/her life. This list was processed within the session.
B. The client was noted to minimize the negative impact of his/her narcissistic traits on his/her life.
C. The client has completed the list of the negative ways in which narcissistic traits have had an impact on his/her life; as these were processed, he/she has acknowledged the negative consequences he/she has experienced.
D. The client has not completed the list of negative impacts on his/her life, and was redirected to do so.

4. Administer Assessment for Narcissistic Traits (4)

A. The client was administered psychological instruments designed to objectively assess the subject's narcissistic traits.
B. The client was administered the Millon Clinical Multiaxial Inventory–III (MCMI–III).
C. The client has completed the assessment of narcissistic traits, but minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of narcissistic traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of narcissistic traits, and the focus of treatment was turned toward this defensiveness.

5. Teach about 12-Step Recovery Group Involvement (5)

A. The client was taught about how active involvement in a 12-step recovery group is a way to recover from narcissistic traits and addiction concerns.
B. The client was referred to an appropriate recovery group.
C. The client described his/her involvement in an active recovery group.
D. The client reported that he/she has not followed through in a recovery group, and was redirected to do so.

6. Teach about Honesty (6)

A. The client was taught about how honesty is essential for real intimacy, and how lies lead to interpersonal frustration and loneliness.
B. The client was taught that pain and disappointment result when honesty is not given the highest priority in one's life.
C. The client was asked to identify situations in which he/she could be more honest and reliable.
D. Support and encouragement were provided as the client identified ways in which he/she is being more honest and reliable.
E. The client was confronted for continuing to engage in dishonesty.

7. Discuss the Need for Resolving Narcissism (7)

A. Today's session focused on why resolution of narcissistic traits, especially the tendency toward dishonesty and feeling superior and all-powerful, is essential in maintaining abstinence.

B. The client accepted the need for resolving narcissistic traits, as presented in today's session.
C. As the client has decreased his/her narcissistic traits, including the tendency toward dishonesty and feeling superior and all-powerful, he/she has been noted to experience improvement in relationships and better ability to maintain abstinence.
D. The client rejected the concept of resolving his/her narcissistic traits in order to maintain abstinence; he/she was urged to monitor this dynamic.

8. Assign and Process a List of 10 Common Lies (8)

A. The client was assigned to list 10 common lies that are told to exaggerate accomplishments and bolster self-image.
B. The client completed his/her list of 10 common lies, and these were processed, showing why they led to the rejection from others that he/she fears.
C. The client was noted to display an increased understanding about how lying results in rejection.
D. The client was helped to process his/her pattern of lies and embellishments, but he/she does not endorse the connection between the lies and rejection from others.
E. The client has not completed his/her list of 10 common lies, and was redirected to do so.

9. Confront Use of Narcissism to Control Others (9)

A. The client was assisted in listing ways in which he/she uses narcissistic traits to control and manipulate others.
B. The client identified several ways in which he/she uses narcissistic traits to control and manipulate others; this list was processed.
C. The client was confronted about how narcissistic behaviors are counterproductive to interpersonal acceptance and respect.
D. The client endorsed an understanding of how his/her narcissistic behaviors have caused problems in relationships, including areas of acceptance and respect; this insight was reinforced.
E. The client denied that he/she uses narcissistic traits to control and manipulate others, and was provided with tentative examples.
F. The client denied that control and manipulation of others is counterproductive to interpersonal acceptance and respect; he/she was provided with remedial feedback.

10. Coordinate Group Therapy Sessions for Developing Empathy (10)

A. The client was referred to group therapy sessions that focus on developing empathy.
B. The client was focused on developing empathy for others in group sessions by asking him/her to share with the group members similar vulnerable and anxious experiences, feelings, and thoughts.
C. The client reported an increased experience of empathy through the group sessions.
D. The client has attended group sessions but has not regularly shared or developed empathy.
E. The client has refused to attend group sessions, and was redirected to do so.

11. Teach about Self-Disclosure of Vulnerability (11)

A. The client was taught, through role-playing, modeling, and behavior rehearsal, about self-disclosure of feelings of vulnerability.

B. The client participated in techniques to learn more about self-disclosure and vulnerability.
C. It was reflected to the client that he/she displays an increased ability to disclose feelings of vulnerability.
D. The client reported ongoing increases in his/her ability to disclose feelings of vulnerability; this progress was reinforced.
E. The client struggled to disclose feelings of vulnerability and was encouraged to continue working in this area.

12. Probe Family-of-Origin Experiences (12)

A. Today's therapy session focused on the client's family-of-origin experiences of criticism, emotional abandonment or rejection, and/or abuse or neglect that led to feelings of low self-esteem masked by narcissism.
B. Active listening was used as the client described several family-of-origin experiences that have led to feelings of low self-esteem.
C. The client acknowledged his/her pattern of responding to low self-esteem related to family-of-origin experiences with narcissistic traits; this insight was reinforced.
D. The client struggled to identify family-of-origin experiences of criticism, emotional abandonment or rejection, and/or abuse or neglect; this was accepted at face value.

13. Replace Narcissistic Thoughts Related to Low Self-Esteem (13)

A. Today's session focused on identifying the client's narcissistic thoughts (e.g., grandiosity, sense of entitlement, tendency to blame others, need to exaggerate achievements in search of acceptance).
B. The client was assisted in identifying how his/her narcissistic thoughts were based on low self-esteem and an expectation of rejection.
C. The client was encouraged to replace thoughts related to low self-esteem with confident, realistic self-talk.
D. The client denied any pattern of narcissistic thoughts; tentative examples were provided.
E. The client struggled to identify and replace his/her narcissistic thoughts; additional feedback was provided.

14. Teach Healthier Self-Talk (14)

A. The client was taught to replace cognitive messages of low self-esteem and fear of rejection with more realistic, healthy, and adaptive self-talk.
B. The client was assisted in identifying cognitive messages of low self-esteem and fear of rejection.
C. The client was assisted in developing realistic, healthy, and adaptive self-talk.
D. Positive feedback was provided to the client as he/she has regularly used more realistic, healthy, and adaptive self-talk.
E. The client has not consistently used more realistic, healthy, and adaptive self-talk, and was provided with additional feedback and examples in this area.

15. Confront and Interpret Entitlement and Braggadocio (15)

A. The client's braggadocio and expressions of entitlement were interpreted as a cover for feelings of fear and low self-esteem.

B. The client displayed an understanding of the interpretation of his/her pattern of expressing entitlement and braggadocio as a cover for feelings of fear and low self-esteem.
C. The client reported that he/she has decreased his/her pattern of expressing entitlement and braggadocio; this progress was reinforced.
D. The client denied any connection between his/her expressions of entitlement and braggadocio and low-self-esteem issues; additional feedback was provided.

16. Reinforce Appropriate Social Interactions (16)

A. The client was encouraged in and reinforced for his/her social interactions that are characterized by humility, empathy, honesty, and compassion.
B. The client was assigned "Getting Out of Myself" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has completed the assignment to help improve positive social traits, and his/her progress was reinforced.
D. The client has not completed the assignment and was redirected to do so.
E. The client acknowledged more positive feelings when he/she interacts in a more socially appropriate manner; this progress was encouraged.
F. It was reflected to the client that he/she has become more humble, empathetic, honest, and compassionate.

17. Teach about a Higher Power (17)

A. The client was presented information about how faith in a higher power can aid in recovery from narcissistic traits and addiction.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding the existence of a higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the concept of a higher power; he/she was urged to stay open to this idea.

18. Use Step Three Exercise (18)

A. The client was taught a 12-step recovery group's third step, focusing on how to turn problems, worries, and anxieties over to a higher power.
B. The client was assigned the Step Three exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client has completed the Step Three exercise and his/her insight in this area was reviewed.
D. The client has not completed the Step Three exercise and this was reassigned.
E. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
F. The client has begun turning problems over to a higher power, and is trusting that the higher power is going to help him/her resolve the situation; his/her experience was reviewed.
G. The client rejected the idea of turning problems over to a higher power, and does not feel that this concept will be helpful in resolving his/her narcissistic traits; he/she was urged to remain open in this area.

19. Teach about Helping Others for Self-Worth (19)

A. The client was taught about how helping others will give him/her a genuine sense of self-worth, which is essential to working a good program of recovery.
B. The client was assigned "Being Genuinely Unselfish" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has completed the assignment on unselfishness, and his/her insight was reviewed.
D. The client has not completed the assignment on being genuinely unselfish, and was redirected to do so.
E. The client was reinforced for endorsing the idea that helping others will improve his/her genuine sense of self-worth.
F. The client reported several situations in which he/she has been able to help others, and the positive effect that he/she has received; this success was reinforced.
G. The client reported a lack of involvement in helping others, and was redirected to do so.

20. Teach Impulse Control Strategies (20)

A. Modeling, role-playing, and behavior rehearsal were used to teach the client the use of "stop, look, listen, think, and plan before acting" in several life scenarios.
B. The client was supported as he/she enacted "stop, look, listen, think, and plan before acting," as applied to a variety of current situations.
C. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in his/her daily life.
D. The client was reinforced for his/her use of "stop, look, listen, think, and plan before acting."
E. The client reported that he/she has struggled to use "stop, look, listen, think, and plan before acting," and was redirected to do so.

21. Teach Healthy Communication Skills (21)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, interpersonal communication skills (e.g., honesty, ask for what you want, share how you feel, care for what the other person wants, active listening, the use of "I" messages).
B. The client participated in scenarios to learn healthy interpersonal communication skills.
C. The client reported using healthy communication skills on a day-to-day basis, and the effects of these skills were reviewed.
D. The client struggled to learn and implement healthy communication skills, and was redirected to continue attempting to learn these types of skills.

22. Develop a Personal Recovery Plan (22)

A. The client was assisted in developing a personal recovery plan that will support recovery from narcissistic traits, including his/her regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Personal Recovery Planning" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist); he/she was directed to follow this plan.

D. The client described active pursuit of his/her aftercare plan.
E. The client has not followed through with his/her aftercare plan, and was redirected to do so.

23. Teach Family the Connection between Narcissism and Addiction (23)

A. A family session was held to educate the family and significant others regarding the connection between the client's narcissistic traits and addiction problems.
B. Family members expressed their positive support of the client and a more accurate understanding of his/her narcissistic traits and substance abuse problems; this support was encouraged.
C. Family members were not understanding nor willing to provide support to the client, despite an increasing understanding of the client's narcissistic traits and addiction problems; they were urged to do this in small ways.

24. Engage Family Members in the Client's Aftercare (24)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize his/her recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assist him/her in his/her recovery.
C. Family members indicated their ongoing emotional displeasure with the client, and did not indicate a commitment to support his/her recovery; they were encouraged to monitor the client's recovery.

25. Educate the Family about Narcissistic Traits (25)

A. A family session was held to educate the family and significant others regarding the client's narcissistic traits, treatment, and prognosis.
B. Family members were reinforced as they expressed their positive support for the client and a more accurate understanding of his/her narcissistic traits and substance abuse concerns.
C. Family members were neither understanding nor willing to provide support to the client, in spite of his/her identified narcissistic traits; they were urged to monitor the client's recovery.

26. Re-administer Psychological Instruments (26)

A. The outcome of treatment was assessed via the re-administration of objective tests of narcissistic traits.
B. The client produced treatment outcome test scores indicating improvement on narcissistic traits; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on narcissistic traits; these results were presented to the client.

27. Assess Satisfaction (27)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

NICOTINE ABUSE/DEPENDENCE

CLIENT PRESENTATION

1. Consistent Tobacco Use (1)*

A. The client described a history of consistent tobacco use manifested by increased use, tolerance, and withdrawal.

B. The client acknowledged that he/she has consistently used tobacco, with an inability to successfully discontinue use.

C. The client has committed himself/herself to a plan of abstinence from tobacco use.

D. The client has maintained total abstinence from nicotine use, which is confirmed by his/her family.

2. Inability to Terminate or Reduce Tobacco Use (2)

A. The client acknowledged that he/she frequently has attempted to terminate or reduce his/her use of tobacco, but found that he/she has been unable to follow through.

B. The client acknowledged that, in spite of negative consequences and a desire to terminate tobacco use, he/she has been unable to do so.

C. As the client has participated in a total recovery program, he/she has been able to maintain abstinence from nicotine.

3. Physical Indicators (3)

A. The client displayed physical indicators (e.g., chronic obstructive lung disease, bronchitis, lung or oral cancer) that reflect the results of heavy tobacco use.

B. The client acknowledged that his/her physical problems are related to his/her pattern of heavy tobacco use.

C. As the client has participated in the recovery program and has been able to maintain abstinence from tobacco, his/her physical status has improved.

4. Denial (4)

A. The client presented with denial regarding the negative consequences of his/her nicotine dependence, in spite of direct feedback from others about its negative impact.

B. The client's denial is beginning to break down, as he/she has acknowledged that nicotine dependence has created problems in his/her life.

C. The client now openly admits to the severe negative consequences in which nicotine dependence has resulted.

5. Continued Tobacco Use Despite Problems (5)

A. The client has continued to use nicotine in spite of recurring physical, vocational, social, or relational problems that are directly caused by the substance use.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client has denied that many problems in his/her life are directly caused by tobacco use.
C. The client acknowledged that tobacco use has been the cause of multiple problems in his/her life, and verbalized a strong desire to maintain a life free from using tobacco products.
D. As the client has maintained his/her tobacco-free lifestyle, some of the direct negative consequences of tobacco use have diminished.
E. The client is now able to face resolution of significant problems in his/her life, as he/she has begun to establish a tobacco-free lifestyle.

6. Physical Withdrawal Symptoms (6)

A. The client acknowledged that he/she has experienced physical withdrawal symptoms (e.g., tobacco craving, anxiety, insomnia, irritability, depression) when going without nicotine for any length of time.
B. The client's physical symptoms of withdrawal have eased as he/she has stabilized in maintaining abstinence from tobacco products.
C. There is no further evidence of physical withdrawal.

7. Loss of Control (7)

A. The client frequently consumes greater amounts of tobacco and uses it for greater periods of time than he/she intended.
B. In spite of making promises to himself/herself and others to reduce the frequency of nicotine abuse, the client has been unable to consistently fulfill those promises.
C. The client described many instances of telling himself/herself that he/she would only use a little bit of the tobacco/nicotine for a brief time, but, instead, became consumed by the desire for nicotine, and use was heavy.
D. The client reported that he/she has not had recent situations in which he/she has lost control of his/her tobacco use.

8. Continued Use of Tobacco Despite Health Problems (8)

A. The client acknowledged that he/she has been warned about the negative consequences of tobacco use by a physician.
B. The client is suffering from poor health from his/her tobacco use, but the tobacco use has continued in spite of significant negative consequences.
C. The client's physical health has stabilized and some negative consequences have begun to reverse as he/she has maintained a life free of tobacco products.

9. Concurrent Addictive Behaviors (9)

A. The client has identified that his/her nicotine dependence is concurrent with other addictive behaviors, and their practice reinforces one another.
B. The client displayed insight into his/her pattern of reinforcing nicotine dependence with other addictive behaviors, and vice versa.
C. As the client has decreased his/her nicotine dependence, his/her other addictive behaviors have decreased as well.

INTERVENTIONS IMPLEMENTED

1. Refer for Physical Examination (1)*

A. The client was referred for a thorough physical examination to determine any negative effects related to his/her nicotine dependence.
B. The client has followed through with obtaining a physical examination, and was told that his/her nicotine dependence has produced negative medical consequences.
C. The client has obtained a physical examination from a physician and has been told that there are no significant medical effects of his/her nicotine dependence.
D. The client's physician has ordered medications that facilitate withdrawal from nicotine and assist in maintaining abstinence.
E. The client has not followed through with obtaining a physical examination, and was again directed to do so.

2. Review of Medications by Program Staff (2)

A. The medications were reviewed by the staff to monitor effectiveness and side effects.
B. Medication was titrated as necessary.
C. The client has been compliant to the appointments and medication changes ordered by the physician.
D. The client has not maintained contact with the staff, and was redirected to do so.

3. Administer Assessment for Nicotine Abuse/Dependence (3)

A. The client was administered psychological instruments designed to objectively assess the strength of nicotine abuse/dependence.
B. The Addiction Severity Index (ASI) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–3 (SASSI–3) was administered to the client.
D. The client has completed the assessment of nicotine abuse/dependence symptoms, but minimal symptoms were identified; these results were reported to the client.
E. The client has completed the assessment of nicotine abuse/dependence symptoms, and significant symptoms were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of nicotine abuse/dependence symptoms, and the focus of treatment was turned toward this defensiveness.

4. Monitor the Client's Condition during Withdrawal (4)

A. The client's condition was routinely assessed and monitored during withdrawal from nicotine.
B. The client was assessed and was noted to display typical withdrawal problems from nicotine, which he/she was able to manage without additional intervention.
C. The client was referred for additional medical services due to withdrawal from nicotine.

5. Gather Addictive Behavior History (5)

A. The client was asked to describe his/her pattern of nicotine use and other addictions in terms of the amount and pattern of use, symptoms of abuse, and negative life consequences that have resulted from addictive behaviors; family history of nicotine abuse was gathered.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. Active listening was provided as the client openly discussed his/her addictive behavior history and gave complete data regarding its nature and extent.
C. It was reflected to the client that he/she was minimizing his/her pattern of addictive behaviors, and did not give reliable data regarding the nature and extent of his/her addiction problems.
D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of his/her nicotine dependence and addiction problems.

6. Refer to Didactics on Nicotine Dependence (6)

A. The client was asked to attend didactic lectures related to nicotine dependence and the negative effects of nicotine.
B. The client was asked to identify, in writing, several key points attained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. The client has become more open in acknowledging and accepting his/her nicotine dependence; this progress was reinforced.

7. Refer to Didactics on Recovery (7)

A. The client was asked to attend didactic lectures related to nicotine dependence and the process of recovery.
B. The client was asked to identify, in writing, several key points attained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. The client has become more open in acknowledging and accepting his/her nicotine dependence; this progress was reinforced.

8. Assign Readings on Etiology and Negative Consequences (8)

A. The client was assigned to read material on nicotine dependence etiology and its negative social, emotional, and medical consequences, and to select several key ideas to discuss at a later session.
B. The client has read the information provided on nicotine dependency etiology and consequences, and key ideas from that reading were processed.
C. As a result of his/her reading assigned information on nicotine dependence etiology and consequences, the client has demonstrated an increased understanding of nicotine dependence and the process of recovery.
D. The client has not followed through on reading the assigned material about nicotine dependence etiology and consequences, and was redirected to do so.

9. Refer to a Nicotine Dependence Recovery Group (9)

A. The client was assigned to attend a nicotine dependence recovery group on a frequent and regular basis in order to gain support for his/her recovery.
B. The client has maintained consistent attendance at nicotine dependence recovery meetings, and has reported that the meetings have been helpful; this progress was highlighted.

C. The client has not followed through with regular attendance at nicotine dependence group meetings, and was redirected to do so.
D. The client has attended nicotine dependence recovery group meetings, but reported that he/she does not find them helpful and is resistive to returning to them; his/her experience was processed.

10. Direct Group Therapy (10)

A. Today's group therapy session focused on the sharing of causes for, consequences of, feelings about, and alternatives to nicotine dependence.
B. The client participated in group therapy regarding causes for, consequences of, feelings about, and alternatives to nicotine dependence.
C. The client reports greater understanding and support, due to mutual sharing about nicotine dependence in group therapy.
D. The client attended group therapy about the causes for, consequences of, feelings about, and alternatives to nicotine dependence, but was not significantly involved.

11. List Negative Consequences (11)

A. The client was asked to make a list of the ways in which nicotine dependence has negatively impacted his/her life, and to process this list.
B. It was reflected to the client that he/she has minimized the negative impact of his/her nicotine dependence on his/her life.
C. The client completed his/her list of negative impacts of nicotine dependence on his/her life, and was noted to acknowledge the negative consequences that he/she has experienced.
D. The client has not completed the list of negative impacts upon his/her life, and was redirected to do so.

12. Assign Step One Paper (12)

A. The client was assigned to complete a 12-step program's first-step paper admitting to powerlessness over tobacco.
B. The client completed his/her first-step paper about powerlessness over tobacco and presented it for feedback.
C. The client completed an assigned 12-step program's first-step paper about powerlessness over tobacco, and presented it to his/her support group for feedback.
D. The client received supportive feedback and reinforcement for his/her first-step paper about powerlessness over tobacco.
E. The client has not completed his/her first-step paper, and was redirected to do so.

13. Explore Tobacco Use as an Escape (13)

A. Today's session focused on how tobacco was used to escape from stress, physical or emotional pain, and/or boredom.
B. Active listening was provided as the client identified his/her use of tobacco as a way to escape from stress, physical or emotional pain, and/or boredom.
C. The client was confronted about the negative consequences of his/her pattern of using tobacco as an escape.

D. The client displayed an increased understanding of the negative consequences of using tobacco as an escape; this insight was highlighted.
E. The client rejected the idea of his/her using tobacco as an escape; he/she was asked to monitor this dynamic.

14. Probe Negative Emotions (14)

A. The client was probed about the sense of powerlessness, shame, guilt, and low self-worth that has resulted from nicotine abuse and its consequences.
B. Active listening was used as the client endorsed the emotional effects of nicotine abuse and its consequences (e.g., powerlessness, shame, guilt, low self-worth).
C. As treatment has progressed, the client's nicotine abuse and its emotional consequences have decreased.
D. The client was unable to identify the emotional consequences of his/her nicotine abuse; he/she was provided with tentative examples.

15. Understand the Factors Contributing to Nicotine Dependence (15)

A. Using the client's biopsychosocial history, the focus of today's session was on understanding the familial, emotional, and social factors that contributed to the development of nicotine dependence.
B. Active listening was used as the client identified his/her pattern of familial, emotional, and social factors that contributed to the development of nicotine dependence (e.g., modeling effects of older adults, peer pressure, anxiety).
C. The client struggled to identify the familial, emotional, and social factors that contributed to the development of nicotine dependence; tentative examples were provided.

16. List 10 Reasons for Abstinence (16)

A. The client was assigned to write a list of 10 reasons to be abstinent from nicotine dependence.
B. The client completed a list of 10 reasons to be abstinent from nicotine dependence, and this was processed within the session.
C. The client has not completed his/her list of 10 reasons to be abstinent from nicotine dependence, and was redirected to do so.

17. Teach about Honesty over Dishonesty (17)

A. The client was assisted in identifying a pattern of lying that he/she has used to hide tobacco use.
B. The client was asked to list 10 lies that he/she used to hide tobacco use.
C. The client was focused on how honesty is essential to recovery.
D. The client has not developed a list of 10 lies that he/she told to hide tobacco use, and was redirected to do so.
E. The client has struggled with understanding that honesty is essential to recovery; he/she was provided with remedial feedback.

18. Teach about a Higher Power (18)

A. The client was presented with information about how faith in a higher power can aid in recovery from nicotine dependence and other addictive behaviors.

B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about the idea of a higher power.
D. The client rejected the idea of a higher power; he/she was urged to remain open to this concept.

19. Assign Step Three Exercise (19)

A. Today's session focused on teaching the client about the 12-step program's Step Three concept of "turning it over" to a higher power.
B. The client was assigned the task of turning over problems to a higher power each day.
C. The client was asked to record the experience of turning problems over to a higher power, and to discuss the results.
D. The client reports a decrease in nicotine dependence since he/she has turned problems over to a higher power each day; this progress was highlighted.
E. The client has struggled with the concept and implementation of turning his/her problems over to a higher power; remedial examples were provided.

20. Teach Healthy Communication Skills (20)

A. The client was taught healthy communication skills (e.g., using "I" messages, reflecting, active listening, empathy, being reinforcing, sharing).
B. The client was reinforced as he/she reported an increase in using healthy communication skills.
C. The client identified that he/she has regularly been using healthy communication skills (e.g., "I" messages, reflecting, active listening, empathy, being reinforcing, sharing); he/she was verbally reinforced.
D. The client has struggled to implement the use of healthy communication skills, and was redirected to do so.

21. Refer for or Teach Social Interaction Skills (21)

A. Today's session focused on teaching the client social interaction skills to reduce personal anxiety that triggered tobacco use.
B. The client was referred for teaching social interaction skills.
C. The client reported an increased use of social interaction skills, which has been noted to help reduce interpersonal anxiety that has triggered tobacco use.
D. The client continues to struggle with social interaction skills; remedial instruction was provided.

22. Teach Problem-Solving Skills (22)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, how to solve problems in an organized fashion (i.e., write the problem, think accurately, list the options of action, evaluate alternatives, act, monitor, evaluate results).
B. The client role-played examples of implementing problem-solving techniques.
C. The client's use of problem-solving techniques in day-to-day situations was processed.
D. The client has not used problem-solving techniques, and was redirected to do so.

23. Teach Relaxation Techniques (23)

A. The client was taught relaxation techniques (e.g., progressive relaxation, guided imagery, biofeedback).
B. The client was assigned to relax twice a day for 10 to 20 minutes.
C. The client reported regular use of relaxation techniques, which has been noted to lead to decreased tobacco use and to decreased urges to engage in other addictive behaviors.
D. The client has not implemented relaxation techniques and continues to feel quite stressed, using tobacco to relax; he/she was redirected to use the relaxation techniques.

24. Clarify and Replace Reasons for Tobacco Use (24)

A. The client was assisted in clarifying why he/she has used tobacco.
B. The client's reasons why he/she has used tobacco were processed.
C. The client was assisted in identifying adaptive ways to obtain the sought-after results for which tobacco was used (i.e., relaxation).
D. The client was assigned "Learning to Self-Soothe" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
E. The client reported using alternative constructive techniques to obtain sought-after results; this progress was reinforced.
F. The client has struggled to identify reasons for tobacco use or alternatives to gain those results; tentative examples were provided.
G. The client did not complete the assignment on self-soothing and was redirected to do so.

25. Assign Regular Exercise (25)

A. Based on the client's current physical fitness levels, an exercise routine was developed, and the client was assigned to implement it consistently.
B. The client was reinforced as he/she has begun to increase his/her exercise level by 10 percent per week.
C. The client has sustained his/her exercise level to at least three exercise periods per week, maintaining a training heart rate for at least 20 minutes; positive feedback was provided.
D. The client has not followed through on his/her exercise program, and was redirected to do so.

26. Identify Relapse Triggers (26)

A. The client was assisted, using a relapse prevention exercise, in uncovering his/her triggers for relapse into tobacco use.
B. The client identified several of his/her triggers for relapse into tobacco use, which were processed.
C. The client has struggled to identify triggers for relapse; tentative examples were provided.

27. Teach about High-Risk Situations (27)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, positive emotions, testing personal control).
B. The client was assigned "Avoiding Nicotine Relapse Triggers" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).

C. The client was noted to display an understanding of high-risk situations.
D. The client was assisted in making a written plan to cope with each high-risk situation.
E. As the client has experienced high-risk situations, he/she reports using relapse prevention techniques; his/her success was processed.
F. The client has trouble identifying high-risk situations or plans for coping; tentative examples were provided.
G. The client did not complete the assignment about high-risk situations and was redirected to do so.

28. Teach about Saying No in High-Risk Situations (28)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, to say no to tobacco and other addictive behaviors.
B. The client practiced saying no in high-risk situations within the session.
C. The client reported an ongoing ability to say no in high-risk situations; this progress was reinforced.
D. The client continues to struggle with saying no in high-risk situations; additional review was provided.

29. Identify Rewards for Abstinence (29)

A. The client was assisted in identifying reinforcing events that could be used in rewarding abstinence from nicotine.
B. The client was reinforced as he/she was able to identify several reinforcing events that he/she could use to reward abstinence from nicotine.
C. The client has struggled to identify reinforcing events that could be used in rewarding abstinence from nicotine; tentative examples were provided.

30. Design a Behavior Modification Program (30)

A. The client was assisted in designing a behavior modification program that targets tobacco abuse and reinforces periods of abstinence.
B. The client identified an understanding of the identified techniques used in a behavior modification program that targets tobacco abuse and reinforces periods of abstinence.
C. The client struggled to identify the concepts related to a behavior modification program, and was provided with additional ideas.

31. Implement a Behavior Modification Program (31)

A. The client was assigned the implementation of a behavior modification program that stipulates rewards for nicotine abstinence, and agreed to follow through with it.
B. The client was reinforced as he/she reported implementation of a behavior modification program, and said that it has been successful.
C. The client has not begun to use the behavior modification program, and was redirected to do so.

32. Maintain a Behavior Modification Program (32)

A. The client's behavior modification program was reviewed within the session to help maximize success rates.

B. The client's problems with using a behavior modification program were processed and resolved during the session.
C. The client was redirected on steps to change in the behavior modification program.
D. The client has not used the behavior modification program, and was redirected to do so.

33. Evaluate for Nicotine Replacement Therapy (33)

A. The client was referred to a physician to evaluate the potential efficacy and safety of nicotine replacement therapy.
B. The client was evaluated for the usefulness and safety of nicotine replacement, and was encouraged to use such a program.
C. The client was urged to use nicotine replacement gum in conjunction with the smoking cessation program.
D. The client was encouraged to use the nicotine replacement patch in conjunction with the smoking cessation program.
E. The client was evaluated for nicotine replacement therapy, but this was not indicated.
F. The client has not cooperated in an evaluation for nicotine replacement therapy, and was redirected to do so.

34. Refer for Psychopharmacological Intervention (34)

A. The client was referred to a physician to evaluate the client for a prescription for smoking cessation medications (e.g., Wellbutrin, Zyban, Chantix).
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none was prescribed.
C. The client has been prescribed medication to assist in smoking cessation.
D. The client has refused a prescription of medication to assist in smoking cessation.
E. The client's physician has continued to monitor and titrate medications.

35. Educate about Medications (35)

A. The client was educated about the use, side effects, and expected benefits of psychotropic medication.
B. The client was provided with written information about the use, side effects, and expected benefits of medications.
C. The client displayed an adequate understanding of the use, side effects, and expected benefits of psychotropic medication, and was reinforced for this understanding.
D. The client has displayed a poor understanding of the use, expected benefits, and side effects of his/her psychotropic medications, and was provided remedial information in this area.

36. Monitor Medication Side Effects and Effectiveness (36)

A. The client's medications were monitored in regard to the effectiveness of the medication.
B. The client was asked about his/her experience of side effects from the medication.
C. Medication effectiveness and side effects were communicated to the prescribing clinician.

37. Titrate/Discontinue Medication for Smoking Cessation

A. The client was judged to have had a significant period of time of abstinence from tobacco use.

B. The client was urged to work with his/her physician in order to titrate and discontinue nicotine replacement therapy and/or prescription medications.
C. The client's physician was contacted in order to investigate the opportunity to discontinue medical treatment options for assisting the subject in discontinuing his/her tobacco use.

38. Re-administer Psychological Instruments (38)

A. The outcome of treatment was assessed via the re-administration of objective tests of nicotine addiction.
B. The client produced treatment outcome test scores indicating improvement on nicotine addiction; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on nicotine addiction; these results were presented to the client.

39. Assess Satisfaction (39)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OCCUPATIONAL PROBLEMS

CLIENT PRESENTATION

1. Severe Business Losses (1)*

A. The client described feelings of inadequacy, fear, and failure secondary to his/her severe business losses.
B. The client's financial and economic stresses have resulted in feelings of failure and anxiety.
C. The client reported an increase in addictive behavior since experiencing severe business losses.
D. The client has begun to develop a sense of empowerment and a plan to overcome recent financial setbacks.

2. Authority Conflicts (2)

A. The client described a pattern of rebellion against and conflict with authority figures within the employment situation.
B. The client's rebellion against authority has resulted in him/her being dismissed from employment on more than one occasion.
C. The client's authority conflicts within the employment situation have resulted in failure to achieve promotions.
D. The client has developed a more accepting attitude toward authority, and is willing to take direction within the employment arena.

3. Unemployed/Underemployed (3)

A. The client reported a pattern of poor work performance and attendance due to addictive behavior.
B. The client has been fired due to poor work performance and attendance related to addictive behaviors.
C. The client has been unable to obtain the level of employment he/she desires due to his/her pattern of poor work performance and attendance related to addictive behaviors.
D. As the client's pattern of addictive behaviors has decreased, his/her work performance and attendance have improved, with a commensurate increase in employment.

4. Stressful Environment (4)

A. The client described his/her experience that his/her work environment has been too stressful.
B. The client identified that his/her stress level, due to the work environment, has led to addictive behavior as a means of escape.
C. The client's pattern of escape from stress through addictive behaviors has decreased as he/she has developed new coping skills to apply to the employment situation.
D. The client has been assigned to different work responsibilities, and this has resulted in a resolution of the experience of stress and a decrease in addictive behavior.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in The Addiction Treatment Planner, Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Relapse-Prone Environment (5)

A. The client reported a work environment in which coworkers are supportive of addictive behavior.
B. The client identified that his/her risk for relapse is increased due to his/her work environment.
C. As the client has made modifications in his/her work environment, he/she has experienced a decreased sense of relapse risk.

6. Job Jeopardy (6)

A. The client reported that his/her job is in jeopardy due to his/her pattern of addictive behavior.
B. The client has been reprimanded or received written notification of his/her job being in jeopardy due to his/her addictive behavior.
C. The client reports that he/she has been referred for addiction treatment services as an alternative to being fired.
D. As the client's addictive behavior has terminated, his/her job security has increased.

7. Employer Lacks Recovery Understanding (7)

A. The client identified that his/her employer does not understand addiction or what is required for recovery.
B. The client reported that his/her employer has created roadblocks to his/her recovery, due to the employer's lack of understanding about addiction and recovery issues.
C. The client reported that the employer has become more understanding of the client's addiction concerns and his/her needs for recovery.
D. Despite the employer's lack of understanding about addiction and recovery issues, the client has taken increased responsibility for his/her own addiction behaviors.

8. Emotional Effects of Retirement (8)

A. The client reported that he/she has experienced feelings of loneliness and lack of meaning in life subsequent to retirement.
B. The client acknowledged that his/her emotional struggles with retirement have prompted addictive behaviors.
C. As the client has displayed improved adjustment to retirement, his/her addiction behavior has decreased.

9. Anxiety Due to Job Jeopardy (9)

A. The client reported severe feelings of anxiety related to perceived job jeopardy.
B. The client's perception of his/her job jeopardy has been reversed as he/she has consulted with the supervisor and has been reassured of job security.
C. The client has begun to develop an alternate plan of action if his/her job jeopardy results in the loss of employment.

INTERVENTIONS IMPLEMENTED

1. Gather Occupational Problems History (1)*

A. The client was asked to describe the history of his/her occupational problems in terms of the types of jobs held, reasons for loss of job, or other negative consequences that have resulted from addiction behaviors.

B. The client was asked to describe the negative consequences of his/her addiction behavior on his/her employment patterns.

C. Active listening was provided as the clients openly discussed his/her occupational history and gave complete data regarding these problems.

D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of his/her occupational problems and how they relate to addiction.

E. The client was noted to minimize his/her occupational problems, and did not give reliable data in this area.

2. Teach about Occupational Problems Leading to Addiction (2)

A. The client was taught about how occupational problems can lead to addictive behaviors.

B. The client was noted to display an understanding of the connection between occupational problems and addictive behaviors.

C. As therapy has progressed, the client has identified a greater understanding of occupational problems and has decreased his/her addictive behaviors.

D. The client refused to accept a connection between occupational problems and addiction; additional feedback was provided.

3. Administer Assessment for Occupational Problems (3)

A. The client was administered psychological instruments designed to objectively assess the strength of the client's occupational problems.

B. The 16 PF Test was administered to the client.

C. The client has completed the assessment of occupational problems, but minimal concerns were identified; these results were reported to the client.

D. The client has completed the assessment of occupational problems, and significant concerns were identified; these results were reported to the client.

E. The client refused to participate in the psychological assessment of occupational problems, and the focus of treatment was turned toward this defensiveness.

4. Confront Rejection of Responsibility (4)

A. The client was confronted for projecting responsibility for his/her behavior and feelings onto others.

B. The client was supported and reinforced as he/she acknowledged instances of rejecting responsibility for conflict, feelings, or behavior.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. As the client has accepted more responsibility for his/her own job problems, he/she has been noted to increase his/her own functioning in the work setting, and to decrease addictive behavior.
D. It was reflected to the client that he/she continues to engage in projection of responsibility for his/her behavior and feelings.

5. Explore Personal Problems (5)

A. The client was assisted in identifying personal problems that may be contributing to conflicts within the employment situation.
B. The client was supported for acknowledging problems in his/her personal life that are having a negative influence on his/her work performance and coworker relationships.
C. Attention was given to the personal problems that the client has identified, and suggestions were made toward resolution of those problems, in order to improve work performance and coworker relationships.
D. A referral was given to the client to seek treatment for his/her personal problems, in order to improve his/her employment situation.

6. Probe Family of Origin (6)

A. The client's family-of-origin history was reviewed for how the client may have learned relationship patterns, including feelings of inadequacy, fear of failure, or fear of success.
B. The client was assigned "Understanding Family History" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was supported for identifying childhood experiences that have contributed to his/her feelings of failure.
D. The client was assisted in working through childhood experiences that have contributed to his/her feelings of inadequacy.
E. The client was focused on how his/her dysfunctional relationship patterns relate to current coworker/supervisor conflicts.
F. The client struggled to make any connection between his/her family-of-origin experiences and coworker/supervisor conflicts; tentative examples were provided.

7. List Behavioral Changes (7)

A. The client was assisted in listing behavioral changes that he/she can make to resolve conflicts with coworkers and supervisors.
B. Support and encouragement were provided as the client identified a variety of behavioral changes that he/she could make to resolve conflicts with coworkers and supervisors.
C. The client was assigned to implement his/her list of behavioral changes that may help to resolve conflicts with coworkers and supervisors.
D. The client reported implementation of his/her list of behavioral changes, and this was processed within the session.
E. The client struggled to identify any behavioral changes that he/she could make to resolve conflicts with coworkers and supervisors; tentative examples were provided.

8. Review Behavioral Changes at Work (8)

A. The client's attempts to implement behavioral changes at work were reviewed.

B. The client was reinforced for his/her success in making behavioral changes at work.
C. The client has failed to maintain behavioral changes at work, and was provided with redirection in this area.

9. List Instances of Addiction Problems (9)

A. The client was asked to list five situations in which addictive behaviors have led to problems at work.
B. A variety of situations in which addictive behaviors have led to problems in the work setting were processed.
C. The client denied any pattern of addictive behavior leading to problems at work; important occupational areas were reviewed.

10. List Occupational Problems (10)

A. The client was assisted in identifying five ways in which occupational problems have led to addictive behavior.
B. The client was assigned "Barriers and Solutions" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client has completed the assignment to list occupational problems and his/her insight in this area was processed.
D. The client has not completed the assignment and was redirected to do so.
E. A variety of ways in which occupational problems have led to addictive behaviors were processed.
F. The client denied any relationships between occupational problems and addictive behavior; tentative examples were provided.

11. Identify Relapse Factors (11)

A. The client was assisted in identifying ways in which his/her current employment contributes to a higher risk for relapse (e.g., coworkers' addictions, job satisfaction, supervisor conflict, overly long work hours, absence from his/her family due to travel, ethical conflicts).
B. A variety of occupational factors that contribute to the client's high risk of relapse were reviewed.
C. As the client has identified relapse risk factors, he/she has been assisted in developing alternative coping skills for these risk factors.
D. The client struggled to identify any connection between his/her current employment and his/her high risk for relapse; tentative examples were provided.

12. Clarify Emotional Reactions (12)

A. The client's feelings associated with his/her vocational situation were explored and clarified.
B. The client was supported and reinforced for openly sharing feelings of fear, anger, and helplessness associated with his/her vocational situation.
C. The client struggled to identify or name the emotions he/she experiences related to his/her vocational stress; tentative examples were provided.

13. Identify Distorted Cognitions (13)

A. The client was helped to identify the distorted cognitive messages and schema that are connected with his/her feelings of vocational stress.

B. The client was assigned "A Vocational Action Plan" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client has used the vocational action plan as a way to identify positive and negative schema that affect his/her vocational stress, and this insight was reinforced.
D. The client has not completed the vocational action plan assignment and was redirected to do so.
E. The client was supported in identifying specific self-talk that precipitates feelings of anxiety, fear, and depression.
F. The client struggled to identify the cognitive messages and schema that contribute to his/her pattern of vocational stress; tentative examples were provided.

14. Confront Catastrophizing (14)

A. The client was confronted for catastrophizing regarding the employment situation.
B. The client was taught the effect of catastrophizing as leading to immobilizing anxiety.
C. The client was taught that his/her catastrophizing is an overreaction to the actual situation.
D. The client was noted to display understanding of the concept of catastrophizing and how this applies to his/her situation.
E. The client displayed poor understanding of his/her pattern of catastrophizing and continues to experience this pattern; additional feedback was provided.

15. Teach Realistic Cognitive Messages (15)

A. The client was trained in more realistic, healthy cognitive messages that relieve anxiety and depression rather than precipitate it.
B. The client was assigned "Positive Self-Talk" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was supported as he/she identified specific, healthy, realistic cognitive messages that promote harmony with others, self-acceptance, and self-confidence.
D. The client was reinforced for the implementation of positive self-talk, which has resulted in improved feelings within the employment situation.
E. The client struggled to identify and implement more realistic cognitive messages; his/her struggles were problem-solved.

16. Assign a Written Action Plan (16)

A. The client was assigned to write a plan for constructive action that contains various alternatives to resolve coworker and supervisor conflict and maximize recovery.
B. The client's action plan was reviewed and processed.
C. The client's action plan for resolving conflict in the employment situation and maximizing recovery was noted to include regular attendance at recovery groups, regular drug testing, management monitoring of the recovery plan, and honesty with management and co-workers.
D. The client has not developed or implemented a written plan for resolving occupational problems and maximizing recovery, and he/she was redirected to do so.

17. Educate Employer about Recovery (17)

A. A meeting was held with the client and his/her employer to educate the supervisor about addiction and to gain support for the client's treatment and recovery.
B. The client's employer indicated an increased understanding of the client's addiction problems and recovery needs; this insight was reinforced.
C. The client reports that his/her employer is much more supportive of his/her recovery; this progress was celebrated.
D. The client was supported as he/she reported that his/her employer is not supportive of his/her recovery.

18. Teach Abstinence Skills (18)

A. The client was taught the skills that are necessary to remain abstinent in his/her current work environment (e.g., honesty with management and coworkers, regular recovery group meetings, using a sponsor, eliciting the support of management, continued treatment).
B. The client displayed understanding of the skills that are necessary to remain abstinent in his/her current work environment; this insight was reinforced.
C. The client reported implementation of skills for remaining abstinent in his/her work environment; this progress was celebrated.
D. The client reported decreased addictive behavior due to implementation of abstinence skills related to his/her work environment; his/her success was highlighted.
E. The client has not utilized his/her pattern of abstinence skills for the work environment, and he/she was redirected to do so.

19. Practice Honest Disclosure (19)

A. Modeling, role-playing, and behavior rehearsal were utilized to help the client practice telling his/her coworkers and employer the truth about his/her addictive behavior and plans for recovery.
B. The client participated in practicing about how to tell his/her coworkers and employer the truth about his/her addictive behavior and plans for recovery.
C. The client was reinforced as he/she displayed a good understanding about how to approach his/her coworkers and employer about his/her addictive behavior and plans for recovery.
D. The client reported implementation of his/her decision to discuss addiction behaviors and recovery with coworkers and employer; his/her experience was reviewed.
E. The client has not yet talked with his/her employer/coworkers about his/her addiction problems and plans for recovery; he/she was redirected to do so.

20. Train in Assertiveness Skills (20)

A. Role-playing, behavior rehearsal, and modeling were used to teach the client assertiveness skills, as they could be applied to the employment situation.
B. The client was referred to an assertiveness training class to learn skills that could be applied to the employment situation.
C. The client was reinforced for implementing assertiveness, which increases effective communication of needs and feelings without aggression or defensiveness.

D. The client has failed to learn and implement assertiveness skills, and was redirected in this area.

21. Reduce Stress/Improve Satisfaction (21)

A. The client was assisted in developing skills to reduce job stress and improve employment satisfaction (e.g., time management; relaxation; exercise; assertiveness; reducing responsibilities, work hours, and travel time; realistic expectations of work performance).
B. The client was noted to display understanding of the usefulness of skills to reduce job stress and improve employment satisfaction, and agreed to implement a portion of these skills.
C. The client reported use of job stress reduction techniques, and improved employment satisfaction was noted.
D. The client has not implemented the job stress reduction techniques and continues to have dissatisfaction in his/her employment situation; he/she was redirected in this area.

22. Develop Recovery Group Involvement (22)

A. The client was taught about how active involvement in a recovery group is a way to improve occupational problems.
B. The client was referred to an appropriate recovery group.
C. The client described involvement in an active recovery group.
D. The client has not followed through with involvement in a recovery group, and he/she was redirected to do so.

23. Support Job Change (23)

A. The client was assisted in accepting the need to change jobs—to employment that would be more supportive to his/her recovery.
B. The client was helped to process his/her emotional reactions to the idea of changing jobs to employment that would be more supportive to recovery.
C. The client verbalized acceptance of the need to change jobs, and was supported in the decision.
D. The client was assigned "Interest and Skills Self-Assessment" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz); his/her responses in this area were reviewed.
E. The client has implemented his/her decision to change jobs, and was reinforced for follow through.
F. The client does not accept changing jobs as a viable alternative for his/her recovery needs, and this was accepted.

24. Teach about a Higher Power (24)

A. The client was presented with information about how faith in a higher power can aid in recovery from occupational problems and addictive behaviors.
B. The client was assisted in processing and clarifying his/her own ideas and feelings about his/her higher power.
C. The client was encouraged to turn his/her will and life over to the care of a higher power of his/her own understanding.

D. The client described a sense of relief and empowerment by turning his/her occupational problems, addiction, will, and life over to the care of a higher power; this progress was reinforced.
E. The client rejected the idea of a higher power as a way to resolve addiction, anxiety, and other unmanageable problems; he/she was urged to remain open to this need.

25. Use Step Three Exercise (25)

A. The client was taught a 12-step program's third step, focusing on how to turn occupational problems over to a higher power.
B. The client was assigned the Step Three exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client has completed the Step Three exercise and his/her insights were reviewed.
D. The client has not completed the Step Three exercise and the reasons for this resistance were processed.
E. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
F. The client has begun to turn occupational problems over to a higher power, and is noted to be more trusting that the higher power is going to help him/her resolve the situation.
G. The client rejected the idea of turning his/her occupational problems over to a higher power, and does not feel that this practice will be helpful in resolving his/her problems; he/she was urged to remain open to this need.

26. List Negative Consequences (26)

A. The client was asked to make a list of the ways that addictive behavior has negatively impacted his/her employment.
B. Active listening was provided as the client openly identified ways in which his/her addictive behavior has affected his/her employment.
C. The client reported honestly informing his/her coworkers and management about the negative impact of addictive behaviors on job performance; this experience was processed.
D. It was reflected to the client that he/she continues to minimize the negative impact of substance abuse on his/her employment.

27. Explore Feelings about Retirement (27)

A. The client's feelings about retirement were explored.
B. The client was assisted in expressing and clarifying his/her feelings regarding the changes that will occur when he/she retires.
C. The client's emotional experience of his/her retirement was processed.
D. The client was assisted in resolving the feelings associated with retirement.

28. Assist Grief Process Regarding Retirement (28)

A. The client was assisted in working through the grief of retirement.
B. The client was assisted in making plans to engage in constructive activities (e.g., volunteering, hobbies, exercise, social contacts, special-interest groups, 12-step recovery program meetings, continuing education, religious involvement).

C. The client was helped to process the emotional effects of retirement and described implementation of his/her alternative activities.
D. The client has implemented his/her plans to engage in constructive activities, and was noted to have increased contentment.
E. The client has not implemented his/her plan for constructive activities, and he/she was redirected to do so.

29. Engage in Constructive Activities (29)

A. The client was assisted in developing a list of constructive activities in which he/she can engage in order to replace addictive behavior.
B. The client was offered examples of constructive activities that will replace his/her addictive behavior (i.e., volunteering, hobbies, exercise, special-interest groups, 12-step recovery program meetings, continuing education, religious involvement).
C. The client has developed specific plans for replacing addictive behavior with constructive activities, and this progress was reinforced.
D. The client has been noted to engage in alternative activities that replace the addictive behavior, and the benefits of such progress were reviewed.
E. The client has not replaced addictive behaviors with constructive activities, and was redirected to do so.

30. Discuss Occupational Problems/Addiction Connection with Family (30)

A. A family session was held to educate the client's family and significant others regarding the connection between his/her occupational problems and addictive behavior.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of his/her occupational and substance-abuse problems; this progress was reinforced.
C. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's occupational problems and addiction problems; they were redirected in this area.

31. Engage Family Members in Aftercare (31)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members expressed their positive support of the client, and committed to assisting in his/her recovery; this progress was reinforced.
C. Family members indicated their ongoing emotional displeasure with the client, and did not indicate a commitment to support his/her recovery; they were encouraged to monitor the client's progress in recovery.

32. Re-administer Psychological Instruments (32)

A. The outcome of treatment was assessed via the re-administration of objective tests of occupational problems.
B. The client produced treatment outcome test scores indicating improvement on occupational problems; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating a lack of improvement on occupational problems; these results were presented to the client.

33. Assess Satisfaction (33)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OPIOID DEPENDENCE

CLIENT PRESENTATION

1. Impairment or Distress Due to Opioid Use (1)*

A. The client demonstrates a regular pattern of opioid use.
B. The client's opioid use has led to a pattern of significant impairment.
C. The client's opioid use has created a pattern of distressful symptoms.
D. As treatment has progressed, the client's pattern of opioid use has significantly decreased.
E. The client has discontinued use of opioids and reports improved mental and physical status.

2. Increased Tolerance (2)

A. The client described a pattern of increasing tolerance for the opioid, as he/she has needed to use more of it to obtain the desired effect.
B. The client described a steady increase in the amount and frequency of opioid use as his/her tolerance for it has increased.

3. Physical Withdrawal Symptoms (3)

A. The client acknowledged that he/she has experienced physical withdrawal symptoms characteristic of opioid dependence.
B. The client's physical symptoms of withdrawal have eased as he/she has stabilized and maintained abstinence.
C. There is no further evidence of physical withdrawal symptoms.

4. Persistent Desire to Reduce Opioid Use (4)

A. The client frequently indicates that he/she would like to decrease or discontinue his/her opioid use.
B. The client acknowledged that he/she has frequently attempted to terminate his/her use of opioids, but found that he/she has been unable to follow through.
C. The client acknowledged that despite the negative consequences and a desire to terminate opioid use, he/she has been unable to do so.
D. As the client has participated in a total recovery program, he/she has been able to maintain abstinence from opioid use.

5. Excessive Time Investment (5)

A. The client described expending an excessive investment of time and effort in order to obtain, use, or recover from the use of opioids.
B. The client has suspended other important activities in order to participate in opioid use.
C. As the client has stabilized in a recovery program, he/she has discovered a large amount of time to give to constructive activities.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Suspension of Activities (6)

A. The client has suspended his/her involvement in important social, occupational, and recreational activities because of opioid use.
B. The client is beginning to recognize that all other aspects of his/her life became secondary to the primary object of obtaining and using opioids.
C. The client is resuming his/her social, occupational, and recreational activities as he/she becomes established in the recovery lifestyle.

7. Illegal Activity (7)

A. The client frequently engages in illegal activity to support his/her opioid habit.
B. The client engages in prostitution in order to financially support his/her opioid habit.
C. The client frequently steals in order to finance his/her opioid habit.
D. The client engages in illicit drug sales in order to finance his/her own opioid habit.
E. As the client has established his/her regular pattern of recovery, his/her involvement in illegal activity has substantially decreased.

8. Persistent Opioid Abuse Despite Problems (8)

A. The client has continued to abuse opioids in spite of recurring financial, legal, social, vocational, medical, familial, and self-esteem consequences.
B. The client denied that the problems in his/her life are directly caused by opioid use.
C. The client acknowledged that opioid use has been the cause of multiple personal problems, and verbalized a strong desire to maintain a life free from using opioids.
D. As the client has maintained sobriety, the direct negative consequences of his/her opioid use have diminished.
E. The client is now able to face resolution of significant problems in his/her life, as he/she has established sobriety.

9. Opioids Used to Manage Pain (9)

A. The client reported that he/she has often used opioids in order to manage his/her chronic pain.
B. The client began using opioids to manage his/her chronic pain, but as his/her use continued, he/she became addicted to the substance, regardless of physical pain concerns.
C. As treatment has progressed, the client has decreased the use of opioids for pain management.
D. The client has terminated use of opioids for pain management.

INTERVENTIONS IMPLEMENTED

1. Refer for Physical Examination (1)*

A. The client was referred for a thorough physical evaluation to determine any negative medical affects related to his/her opioid abuse.
B. The client was tested for HIV, hepatitis, and sexually transmitted diseases.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client has followed through with obtaining a physical examination and was told that his/her opioid use has produced negative medical consequences.
D. The client has obtained a physical examination and has been told that there are no significant medical effects of his/her opioid dependence.
E. The physician assessed the client for use of methadone and buprenorphine to reduce craving for opioids.
F. The client has been prescribed medications to reduce craving for opioids.
G. The client has not followed through with obtaining a physical examination, and he/she was redirected to do so.

2. Refer to Maintenance/Withdrawal Program (2)

A. The client was referred to a pharmacologically-based maintenance/withdrawal program.
B. The client was referred to a methadone maintenance program.
C. The client was referred to a buprenorphine program.
D. The client has entered a pharmacologically-based maintenance/withdrawal program, and his/her experience in this program was reviewed.
E. The client has not followed through on a pharmacologically based maintenance/withdrawal program, and was redirected to do so.

3. Monitor/Titrate Medications (3)

A. The client was encouraged to maintain contact with his/her prescribing physician, in order to monitor and titrate medications as needed.
B. The effectiveness of medications was reviewed.
C. The client has not maintained contact with his/her prescribing physician, and was redirected to do so.

4. Administer Medication (4)

A. Medical staff has administered medications as prescribed.
B. Medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medications as prescribed.

5. Assess and Monitor Withdrawal (5)

A. During the client's period of withdrawal, he/she was consistently assessed and monitored using a standardized procedure.
B. The Narcotic Withdrawal Scale was used to monitor the client's period of withdrawal.

6. Administer Psychological Instruments (6)

A. The client was administered psychological instruments designed to objectively assess the depth of opioid dependence.
B. The Substance Use Disorders Diagnostic Schedule–IV (SUDDS–IV) was administered to the client.
C. The Substance Abuse Subtle Screening Inventory–3 (SASSI–3) was administered to the client.
D. As the client progressed through his/her process of withdrawal, he/she was provided medically appropriate treatment as needed.

E. The client did not need any specific medical treatment to complete his/her withdrawal.
F. The client has been noted to complete his/her withdrawal.

7. Obtain Biopsychosocial History (7)

A. A complete family and personal biopsychosocial history was obtained.
B. Specific information from the family and a client history was obtained, with a focus on addiction (e.g., family history of addiction and treatment, other substances used, progression of substance abuse, consequences of abuse).
C. The results of the biopsychosocial history were reviewed with the client.

8. Assign Didactics Regarding Effects of Chemical Dependence (8)

A. The client was assigned to attend a chemical dependence didactic series to increase his/her knowledge of the patterns and effects of chemical dependence.
B. The client was asked to identify in writing several key points obtained from the didactic lectures.
C. Key points from the didactic lectures that were noted by the client were processed in individual sessions.
D. The client has become more open in acknowledging and accepting his/her chemical dependence.

9. Require Chemical Dependence Didactics (9)

A. The client was required to attend didactic lectures related to chemical dependence.
B. The client was asked to identify in writing several key points obtained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.

10. Assign Addiction Education Material (10)

A. The client was asked to read material on addiction to increase his/her awareness of the process of addiction and recovery.
B. The client was asked to identify five key points from the material that was assigned on addiction.
C. Key points from the addiction material that was read were discussed.
D. The client has not read the assigned reading material on addiction, and was redirected to do so.

11. Require Reading *Narcotics Anonymous* (11)

A. The client was assigned to read *Narcotics Anonymous.*
B. The client was asked to identify five key points from the *Narcotics Anonymous* reading, and these points were processed.
C. The client has not completed the assigned reading, and was redirected to do so.

12. Refer to Group Therapy (12)

A. It was strongly recommended to the client that he/she attend group therapy that is focused on addiction issues.

B. The client has followed through with consistent attendance to group therapy, and reports that the meetings have been helpful.
C. The client has not followed through on regular attendance to group therapy, and he/she was redirected to do so.
D. The client has attended group therapy meetings but reports that he/she does not find them helpful, and is resistive to returning to them.

13. Direct Group Therapy (13)

A. Group therapy sessions were provided, which facilitated the sharing of, causes for, consequences of, feelings about, and alternatives to addiction.
B. The client participated in group therapy sessions, sharing information about the causes, consequences, and feelings about his/her addiction.
C. The client has attended group therapy sessions focused on addiction issues, but has not actively participated by sharing his/her thoughts and feelings.
D. The client has not attended group therapy sessions, and he/she was redirected to do so.

14. Assign First-Step Paper (14)

A. The client was assigned to complete a NA first-step paper and to share it with his/her group and the therapist.
B. The client completed a first-step paper that acknowledged that addictive behavior has dominated his/her life.
C. The client has failed to complete the first-step paper, and he/she was redirected to do so.

15. List Negative Consequences (15)

A. The client was asked to make a list of the ways in which addiction has negatively impacted his/her life, and to process this list.
B. The client was assigned "Substance Abuse Negative Impact Versus Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client has minimized the negative impact of his/her addictive behavior on his/her life.
D. The client has completed his/her list of negative impacts of addictive behaviors on his/her life, and has acknowledged the negative consequences he/she has experienced.
E. The client has not completed the list of negative impacts upon his/her life, and he/she was redirected to do so.

16. Confront Denial (16)

A. The client's use of denial to minimize the severity of his/her opioid abuse was confronted.
B. The client was confronted about how he/she has used denial to minimize the severity of the negative consequences of his/her opioid abuse.
C. The client was supported as he/she became more open and honest about his/her opioid abuse and the consequences of this abuse.
D. The client continues to deny and minimize his/her opioid abuse and the consequences of this abuse; he/she was encouraged to become more open in this area.

17. List Reasons to Stay in Treatment (17)

A. The client was assisted in developing a list of reasons why he/she should stay in chemical dependence treatment.

B. The client identified several of his/her own reasons for remaining in chemical dependence treatment.
C. The client struggled to identify reasons why he/she should remain in treatment, and this was processed within the session.

18. Explore Addiction as an Escape (18)

A. The client's use of opioid abuse as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client acknowledged using opioid abuse as a way to escape from stress, emotional pain, and/or boredom.
C. The client was confronted for the negative consequences of his/her pattern of escapism.
D. The client reported that he/she has decreased his/her opioid abuse as a way to escape stress, emotional pain, and/or boredom.
E. The client denied the idea that opioid abuse has been used as an escape from stress.

19. Probe Guilt and Shame Issues (19)

A. The client was probed for his/her sense of shame, guilt, and low self-worth that has resulted from opioid abuse and its consequences.
B. The client reported significant patterns of shame, guilt, and low self-worth due to his/her opioid abuse and its consequences.
C. The client denied any pattern of shame, guilt, and low self-worth.

20. List Reasons for Abstinence (20)

A. The client was asked to make a list of at least 10 positive effects that abstinence from opioid abuse could have on his/her life.
B. The client was assigned "Making Change Happen" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned "A Working Recovery Plan" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client made a list of positive effects of abstinence from opioid abuse, and this list was processed and reinforced.
E. The client was assisted in making a list of positive effects of abstinence from opioid abuse, and this list was processed and reinforced.
F. The client has not made a list of positive effects of abstinence from opioid abuse, and he/she was redirected to do so.
G. The client has not completed the assignments about reasons to be abstinent from addiction and was redirected to do so.

21. Review Dishonesty and Opioid Abuse/Dependence (21)

A. The client was assisted in understanding that dishonesty goes along with opioid abuse, and that honesty is necessary for recovery.
B. The client was asked to identify 10 lies that he/she has told to hide opioid abuse.
C. The client developed a list of lies that he/she has told to hide opioid abuse, and these were reviewed.

D. The client acknowledged his/her pattern of dishonesty, which has supported his/her opioid abuse behavior, and reported increased honesty during recovery.
E. The client denied any pattern of dishonesty to hide opioid abuse.

22. Teach about Honesty (22)

A. The client was taught how honesty is essential for real intimacy, and how it is crucial to combating interpersonal frustration and loneliness.
B. The client was taught that pain and disappointment result when honesty is not given the highest priority in one's life.
C. The client was asked to identify situations in which he/she could become more honest and reliable.
D. The client was supported as he/she identified ways in which he/she could be more honest and reliable.
E. The client was confronted for continuing to engage in dishonesty.

23. Teach about a Higher Power (23)

A. The client was presented with information on how faith in a higher power can aid in recovery from opioid abuse and addictive behaviors.
B. The client was assisted in processing and clarifying his/her own ideas and feelings about his/her higher power.
C. The client was encouraged to describe his/her beliefs about his/her higher power.
D. The client was noted to reject the concept of a higher power.

24. Conduct Motivational Interviewing (24)

A. Motivational Interviewing techniques were used to help assess the client's preparation for change.
B. The client was assisted in identifying his/her stage of change regarding his/her substance abuse concerns.
C. It was reflected to the client that he/she is currently building motivation for change.
D. The client was assisted in strengthening his/her commitment to change.
E. The client was noted to be participating actively in treatment.

25. Assign AA/NA Member Contact (25)

A. The client was assigned to meet with an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) member who has been working the 12-step program for several years to find out specifically how the program has helped him/her stay sober.
B. The client has followed through on meeting with the AA/NA member and was encouraged about the role that AA/NA can play in maintaining sobriety.
C. The client met with the AA/NA member but was not encouraged about the role of self-help groups in maintaining sobriety; his/her experience was processed.
D. The client has not followed through on meeting with an AA/NA member and was redirected to do so.

26. Identify Sobriety Expectations (26)

A. The client was asked to write out basic expectations that he/she has regarding sobriety.

B. The client has identified specific expectations that he/she has regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.
C. As the client has been assisted in developing a more realistic expectation regarding his/her sobriety, he/she has felt more at ease and willing to work toward sobriety.
D. The client has not identified his/her expectations regarding sobriety and was redirected to do so.

27. Encourage Sobriety Despite Relapses (27)

A. Although the client has relapsed, he/she was refocused on the need for substance abuse recovery and on the need for sobriety.
B. As the client has received continued support for his/her recovery and sobriety despite his/her relapses, he/she has become more confident regarding his/her chances for success.
C. The client lacks confidence in his/her ability to obtain recovery and sobriety due to his/her pattern of relapses; this pessimism was challenged and processed.

28. Develop Abstinence Contract (28)

A. The client was assigned to write an abstinence contract regarding his/her drug of choice as a means of terminating his/her emotional and cognitive involvement with that drug.
B. The client has followed through with writing the abstinence contract for his/her drug of choice, and the contents of it were processed.
C. The client's feelings about writing an abstinence contract for the drug of choice were processed.
D. The client reported that he/she felt some sense of relief at breaking emotional ties with his/her drug of choice; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned abstinence contract for his/her drug of choice and was redirected to do so.

29. Review Negative Peer Influence (29)

A. A review of the client's negative peers was performed, and the influence of these people on his/her substance abuse patterns was identified.
B. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from his/her chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on his/her own recovery (e.g., sobriety buddies).
D. The client has begun to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery; he/she was reinforced for this progress.
E. The client has not attempted to reach out socially to sober individuals in order to develop a social network that has a more positive influence in his/her recovery and was reminded about this important facet of his/her recovery.

30. Plan Social and Recreational Activities (30)

A. A list of social and recreational activities that are free from association with substance abuse was developed.

B. The client was verbally reinforced as he/she agreed to begin involvement in new recreational and social activities that will replace substance abuse-related activities.
C. The client has begun to make changes in his/her social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

31. Plan Household, Work-related Activities and Free-time Projects (31)

A. A list of household, work, and free-time activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new activities that will replace substance abuse-related activities.
C. The client has begun to make changes in his/her household, work-related and free-time activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in his/her activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

32. Evaluate Living Situation (32)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence.
B. The client was supported as he/she agreed that his/her current living situation does encourage continuing substance abuse.
C. The client could not see any reason why his/her current living situation would have a negative effect on his/her chemical dependence recovery; he/she was provided with tentative examples in this area.

33. Encourage a Change in Living Situation (33)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster his/her chemical dependence recovery.
B. The client was reinforced as he/she found a new living situation that is free from the negative influences that the current living situation brings to his/her chemical dependence recovery.
C. The client is very resistive to moving from his/her current living situation; he/she was assisted in processing this resistance.

34. Identify Sobriety's Positive Family Effects (34)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of his/her chemical dependence recovery.
B. The client reported that his/her family is enjoying a reduction in stress and increased cooperation since his/her chemical dependence recovery began; his/her reaction to these changes was processed.
C. The client was unable to identify any positive changes that have or could occur within family relationships as a result of his/her chemical dependence recovery and was provided with tentative examples in this area.

35. Reinforce Making Amends (35)

A. The negative effects that the client's substance abuse has had on family, friends, and work relationships were identified.
B. A plan for making amends to those who have been negatively affected by the client's substance abuse was developed.
C. The client's implementation of his/her plan to make amends to those who have been hurt by his/her substance abuse was reviewed.
D. The client reported feeling good about the fact that he/she has begun to make amends to others who have been hurt by his/her substance abuse; this progress was reinforced.
E. The client has not followed through on making amends to others who have been negatively affected by his/her pattern of substance abuse and was reminded to do so.

36. Obtain Commitment Regarding Making Amends (36)

A. The client was asked to make a verbal commitment to make amends to key individuals.
B. The client was urged to make further amends while working through Steps Eight and Nine of a 12-step program.
C. The client was supported as he/she made a verbal commitment to make initial amends now and to make further amends as he/she works through Steps Eight and Nine (of the 12-step program).
D. The client declined to commit to making amends and was redirected to review the need to make this commitment.

37. Refer for Marital/Family Therapy (37)

A. The couple was referred to a clinician who specializes in Behavioral Marital Therapy.
B. The couple was provided with Behavioral Marital Therapy.
C. The couple was assisted in identifying conflicts that could be addressed using communication, conflict-resolution, and/or problem-solving skills.
D. Techniques described by Holzworth-Monroe and Jacobson in "Behavioral Marital Therapy" in the *Handbook of Family Therapy* (Gurman and Knickerson) were used to help the couple develop better communication, conflict-resolution, and problem-solving skills.
E. The family was referred for family therapy services to help improve relationships, solve conflicts and increase effective communication.
F. The client and his/her other family members have not sought out family or marital services and this reluctance was processed.

38. Teach about Coping Package (38)

A. The client was taught a variety of techniques to help manage urges to use chemical substances.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk, and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).
D. The client has used his/her coping package techniques to help reduce his/her urges to use chemical substances; this progress was reinforced.

E. The client has not used the coping package for managing urges to use chemical substances and was redirected to do so.

39. Explore Schema and Self-Talk (39)

A. The client's schema and self-talk that weaken his/her resolve to remain abstinent were explored.
B. The biases that the client entertains regarding his/her schema and self-talk were challenged.
C. The client was assisted in generating more realistic self-talk to correct for his/her biases and build resilience.
D. The client was provided with positive feedback for his/her replacement of self-talk and biases.
E. The client struggled to identify his/her self-talk and biases that weaken his/her resolve to remain abstinent and was provided with tentative examples in this area.

40. Rehearse Replacement of Negative Self-Talk (40)

A. The client was assisted in identifying situations in which his/her negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to his/her negative self-talk.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.
E. The client has not done the assigned homework on journaling about self-defeating thoughts, and was redirected to do so.

41. Develop Hierarchy of Urge-Producing Cues (41)

A. The client was directed to construct a hierarchy of urge-producing cues to use substances.
B. The client was assigned "Identifying Relapse Triggers and Cues" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client was assisted in developing a hierarchy of urge-producing cues to use substances.
D. The client was helped to identify a variety of cues that prompt his/her use of substances.
E. The client has not completed assignments regarding urge-producing cues, and this resistance was processed.

42. Practice Response to Urge-Producing Cues (42)

A. The client was assisted in selecting urge-producing cues with which to practice, with a bias toward cues that are likely to result in a successful experience.
B. Behavioral techniques were used to help the client cognitively restructure his/her urge-producing cues.
C. The client's use of cognitive-restructuring strategies was reviewed and processed.

43. Assess Stress-Management Skills (43)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to his/her ability to meet role demands for work, social, and family expectations.
C. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.

D. The client was provided with positive feedback regarding his/her ability to manage common everyday stressors.
E. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

44. Assign Social and Communication Information (44)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

45. Obtain Pain Management Skills (45)

A. The client was taught about pain management skills in order to have alternatives to substance use for managing pain.
B. The client was referred to a pain management program to assist in learning alternative skills for managing pain.
C. The client has learned alternative skills for managing his/her pain, and his/her use of substances has decreased; this progress was reinforced.
D. The client has not utilized pain management opportunities, and was redirected to do so.

46. Differentiate between Lapse and Relapse (46)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

47. Discuss Management of Lapse Risk Situations (47)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.
B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was asked to identify how family and peer conflict contribute to his/her stress levels.
D. The client was reinforced for his/her appropriate use of lapse management skills.
E. The client was redirected in regard to his/her poor use of lapse management skills.

48. Identify Relapse Triggers (48)

A. The client was assisted in developing a list of potential relapse signs and triggers that could lead him/her back to substance abuse.
B. The client was requested to identify specific primary psychotic symptoms that affect his/her desire for substances.
C. The client was supported for identifying specific primary psychotic symptoms and how these increase his/her desire for substances.
D. The client was assisted in developing a specific strategy for constructively responding to his/her substance abuse relapse triggers.
E. The client was reinforced for his/her successful implementation of the coping strategies for the substance abuse relapse triggers.
F. A review was conducted regarding the client's pattern of relapse subsequent to failing to use constructive coping strategies in a trigger situation.

49. Encourage Routine Use of Strategies (49)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client has not completed the aftercare planning assignment and was redirected to complete this important further step in his/her recovery.
E. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
F. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

50. Refer to Supported Employment/Coach Job Issues (50)

A. The client was referred to a supported employment program to assist him/her in developing independent job skills.
B. The client was reinforced for his/her involvement in the supported employment program that has assisted him/her in skill building regarding employment needs.
C. The client has not actively participated in the supported employment program and was redirected to do so.
D. The client was coached regarding his/her preparation for employment, searching for a job, and maintaining employment.
E. The client was assisted in role-playing and rehearsing specific techniques necessary for obtaining and maintaining employment.
F. The client was provided with positive feedback regarding his/her increased understanding of issues related to obtaining and maintaining employment.
G. The client continues to have a poor understanding of basic concepts related to obtaining and maintaining employment and was provided with additional feedback in this area.

51. Emphasize Positives without Opioids (51)

A. The client was taught about how to get good things out of life without using mood-altering substances.
B. The client verbalized increased understanding of how to get good things out of life without using mood-altering substances.
C. The client denied the concept of getting good things out of life without using mood-altering substances.

52. Assign a List of Pleasurable Activities (52)

A. The client was assigned to make a list of pleasurable activities that he/she plans to use in recovery to take the place of opioid abuse.
B. The client completed a list of pleasurable activities to take the place of opioid abuse, and this was processed within the session.
C. The client has not developed a list of pleasurable activities to take the place of opioid abuse, and this was worked on within the session.
D. The client has not completed a list of pleasurable activities to use during recovery, and he/she was redirected to do so.

53. Assign Regular Exercise (53)

A. Based on the client's current physical fitness levels, an exercise routine was developed, and the client was assigned to implement it consistently.
B. The client has begun to increase his/her exercise level by 10 percent per week.
C. The client has sustained his/her exercise level to at least three exercise periods per week, maintaining a training heart rate for at least 20 minutes.
D. The client has not followed through on his/her exercise program, and he/she was redirected to do so.

54. Assign Step Three Exercise (54)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and recording the experiences in a journal.
C. The client's experience of turning problems over to his/her higher power was processed within the session.
D. A decrease in the client's addictive behavior has been noted since he/she has turned peer group negativity problems over to a higher power each day.
E. The client struggled with the concept and implementation of turning his/her problems over to a higher power, and was provided with remedial feedback in this area.

55. Re-administer Psychological Instruments (55)

A. The outcome of treatment was assessed via the re-administration of objective tests of opioid dependence.
B. The client produced treatment outcome test scores indicating improvement on opioid dependence concerns; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating lack of improvement on opioid dependence concerns; this lack of progress was presented to the client.

56. Assess Satisfaction (56)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

OPPOSITIONAL DEFIANT BEHAVIOR

CLIENT PRESENTATION

1. Explosive Outbursts (1)*

A. The client described a history of explosive outbursts, in which he/she has destroyed property or hurt himself/herself and others in fits of rage.
B. The client described a history of loss of temper that dates back to childhood, involving verbal outbursts as well as property destruction.
C. As therapy has progressed, the client has reported increased control over his/her temper, and a significant reduction in instances of explosive, aggressive outbursts.
D. The client has had no recent instances of explosive outbursts that have resulted in destruction of any property, assaults, or intimidating verbal interactions.

2. Argumentative (2)

A. The client's total mood was argumentative, even regarding the most insignificant points.
B. There was an edgy, argumentative manner present in the client.
C. There has been a marked decrease in the client taking issue with or arguing most points.
D. The client has reached a point where he/she is able to accept direction without arguing.

3. Controls through Annoyance (3)

A. The client described a pattern of deliberately annoying other people as a means of gaining control.
B. The client displayed a pattern of engaging in deliberately annoying behavior during the session as a means of gaining control.
C. The client has displayed a decreased pattern of annoying others.
D. The client is slowly coming to the point where he/she does not try to annoy others.

4. Blaming (4)

A. The client displayed an attitude of blaming others for his/her problems.
B. The client refused to take any responsibility for recent deceptions and inappropriate behavior, instead projecting it onto others, including authority figures.
C. The client conveyed the attitude that "I am not to blame for anything; it's all them."
D. The client has gradually started to take some responsibility for his/her decisions and behavior.
E. The client's general mood and manner reflect a noticeable decrease in blaming others for things that happen to him/her.

5. Angry Overreaction (5)

A. The client identified a pattern of engaging in angry overreaction to perceived disapproval, rejection, or criticism.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client presented in an angry, resentful, and generally uncooperative manner during the session.
C. The client's overall manner was sullen and quiet, which masked a strong mood of anger and resentfulness.
D. The client's general mood and presentation reflected a noticeable decrease in anger and resentfulness.

6. Rage Buildup (6)

A. The client reported a pattern of passively withholding his/her feelings, then exploding into a violent rage.
B. Within the session, the client vacillated between passively withholding feelings and displaying an angry, defiant manner.
C. As treatment has progressed, the client has been able to manage his/her angry feelings, and does not explode into a violent rage.

7. Substance Abuse as Coping Mechanism (7)

A. The client reported a pattern of substance abuse in order to cope with angry feelings and to relinquish responsibility for aggression.
B. The client reported several instances in which substance abuse has been used to withhold angry feelings or to help him/her minimize responsibility for aggressive behaviors.
C. As the client has developed better coping skills for his/her angry feelings and responsibility for behavior, he/she has decreased addictive behaviors.

8. Challenging/Disrespectful of Authority Figures (8)

A. The client acknowledged a persistent pattern of being challenging or disrespectful toward authority figures.
B. The client displayed his/her challenging and disrespectful pattern within the session.
C. The client described hostile, challenging, and disrespectful patterns of interactions with specific authority figures.
D. The client has noticeably reduced his/her level of hostility and defiance toward most authority figures.

9. Tense Body Language (9)

A. The client presented with verbalization of anger, as well as tense, rigid muscles, and glaring facial expressions.
B. The client expressed his/her anger with bodily signs of muscle tension, clenched fists, and refusal to make eye contact.
C. The client appeared more relaxed and less angry, and did not exhibit physical signs of aggression.
D. The client's family reported that he/she has been more relaxed within the home setting, and has not shown glaring looks or pounded his/her fists on the table.

10. Aggression to Control (10)

A. The client described an inclination to dominate others through the use of aggressive techniques.

B. The client has alienated himself/herself from others through his/her aggressive, dominating, and controlling manner.
C. The client has become more considerate of others' opinions and feelings and has reduced his/her pattern of aggression as a means of controlling situations.
D. The client has yielded control to others and has solicited others to have power and control in relationships.

11. Verbal Abuse (11)

A. The client acknowledged that he/she frequently engages in verbal abuse of others as a means of expressing anger or frustration with them.
B. Significant others and the client's family have indicated that they have been hurt by his/her frequent verbal abuse.
C. The client has shown little empathy toward others for the pain that he/she has caused through his/her verbal abuse.
D. As treatment has progressed, the client has discontinued his/her pattern of verbal abuse.

12. Resentment toward Authority Figures (12)

A. The client reported that he/she has experienced a longstanding pattern of resentment toward authority figures.
B. The client identified a variety of authority figures (e.g., law enforcement officers, government officials, supervisors, treatment professionals), whom he/she has treated with resentment and distrust.
C. As therapy has progressed, the client has identified a decrease in his/her resentment toward authority figures.
D. The client reports that he/she no longer holds inappropriate resentment toward authority figures.

INTERVENTIONS IMPLEMENTED

1. Explore Anger (1)*

A. The client's angry feelings were identified.
B. The source of the client's angry feelings was identified.
C. The client was assisted in developing how his/her anger has occurred.
D. The client has difficulties developing the sources of his/her anger, and was provided with tentative examples of how this can occur.

2. Assign Anger Log (2)

A. The client was assigned to keep a daily anger log, in which he/she will document each situation that produced angry feelings, the thoughts associated with the situation, and his/her level of anger, on a scale of 1 to 100.
B. The client has kept a log of anger-producing situations, and this material was processed within the session.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

C. The client has been observed to be more aware of the causes for and the targets of his/her anger, as well as of the dysfunctional thoughts that trigger anger.
D. The client has struggled to identify the causes and triggers for anger or the dysfunctional thoughts that occur, and this was further processed within the session.
E. The client has not kept his/her anger log, and he/she was redirected to do so.

3. Assess Anger Dynamics (3)

A. The client was assessed for various stimuli that have triggered his/her anger.
B. The client was helped to identify situations, people, and thoughts that have triggered his/her anger.
C. The client was assisted in identifying the thoughts, feelings, and actions that have characterized his/her anger responses.

4. Administer Assessment for Oppositional Defiance (4)

A. The client was administered psychological instruments designed to objectively assess the strength of oppositional defiance.
B. The Adolescent Psychopathology Scale was administered to the client.
C. The client has completed the assessment of oppositional defiance, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of oppositional defiance, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of oppositional defiance, and the focus of treatment was turned toward this defensiveness.

5. Educate about Addictive Behavior to Relieve Uncomfortable Feelings (5)

A. The client was educated about the tendency to engage in addictive behavior as a means of relieving uncomfortable feelings.
B. Active listening was used as the client listed several instances when addictive behavior has been used as a means of relieving uncomfortable feelings.

6. Teach about High-Risk Situations (6)

A. The client was taught about high-risk situations (e.g., strong negative emotions, social pressure, interpersonal conflict, strong positive emotions, testing personal control).
B. The client was taught about how anger, as a strong negative emotion, places him/her at a higher risk for addiction.
C. The client was assisted in identifying the higher risk of addictive behaviors related to strong negative emotions, social pressure, interpersonal conflict, strong positive emotions, and testing personal control.
D. The client acknowledged how oppositional defiant behavior places him/her at a higher risk for addiction; this insight was reinforced.
E. The client rejected the connections between oppositional defiant behavior and a higher risk of addictive behavior; he/she was urged to monitor this dynamic.

7. Identify Anger as Relapse Risk (7)

A. The client was assisted in identifying five reasons why anger increases the risk of relapse.

B. Active listening was used as the client identified several reasons from his/her own experience about why anger increases the risk of relapse.
C. The client struggled to identify and acknowledge how angry feelings may increase the risk of relapse; tentative examples were provided.

8. Refer for Medication Evaluation (8)

A. The client was referred for a medication evaluation to help stabilize his/her mood and improve anger control.
B. The client and parents were supported as they agreed to follow through with a medication evaluation by a physician.
C. It was noted that the client was strongly opposed to being placed on medication to help stabilize his/her mood and improve anger control.
D. The issues of medication compliance and effectiveness were addressed with the parents and the client.
E. The client reported that the medication has helped to stabilize his/her mood and decrease the frequency and intensity of his/her angry outbursts and was supported for this improvement.
F. Information related to the client's medication compliance and its effectiveness was communicated to his/her physician.
G. The client reported that the medication has not helped to stabilize his/her moods or decrease the frequency or intensity of his/her angry outbursts and he/she was referred back to the prescribing clinician.

9. Reconceptualize Anger (9)

A. The client was assisted in reconceptualizing anger as involving different components that go through predictable phases.
B. The client was taught about the different components of anger, including cognitive, physiological, affective, and behavioral components.
C. The client was taught how to better discriminate between relaxation and tension.
D. The client was taught about the predictable phases of anger, including demanding expectations that are not met, leading to increased arousal and anger, which in turn leads to acting out.
E. The client displayed a clear understanding of the ways to conceptualize anger and was provided with positive reinforcement.
F. The client has struggled to understand the ways to conceptualize anger and was provided with remedial feedback in this area.

10. Identify Positive Consequences of Anger Management (10)

A. The client was asked to identify the positive consequences he/she has experienced in managing his/her anger and behavior.
B. The client was assisted in identifying positive consequences of managing anger and behavior (e.g., respect from others and self, cooperation from others, improved physical health).
C. The client was encouraged to learn new ways to conceptualize and manage anger/behavior.

11. Assign Use of Calming Techniques (11)

A. The client was assigned to implement calming techniques into his/her daily life when facing anger-triggering situations.

B. The client related situations in which he/she has appropriately used calming techniques when facing anger-triggering situations; this progress was reinforced.
C. The client described situations in which he/she has not used calming techniques and these failures were reviewed and redirected.

12. Explore Self-Talk (12)

A. The client's self-talk that mediates his/her angry feelings was explored.
B. The client was assessed for self-talk such as demanding expectations, reflected in "should," "must," or "have to" statements.
C. The client was assisted in identifying and challenging his/her biases and in generating alternative self-talk that correct for the biases.
D. The client was taught about how to use correcting self-talk to facilitate a more flexible and temperate response to frustration.

13. Assign Thought-Stopping Technique (13)

A. The client was directed to implement a "thought-stopping" technique on a daily basis between sessions.
B. The client was assigned "Making Use of the Thought-Stopping Technique" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client's use of the thought-stopping technique was reviewed.
D. The client was provided with positive feedback for his/her helpful use of the thought-stopping technique.
E. The client was provided with corrective feedback to help improve his/her use of the thought-stopping technique.

14. Teach Assertive Communication (14)

A. The client was taught about assertive communication through instruction, modeling, and role-playing.
B. The client was referred to an assertiveness training class.
C. The client displayed increased assertiveness and was provided with positive feedback in this area.
D. The client has not increased his/her level of assertiveness and was provided with additional feedback in this area.

15. Teach Conflict Resolution Skills (15)

A. The client was taught conflict resolution skills through modeling, role-playing, and behavioral rehearsal.
B. The client was taught about empathy and active listening.
C. The client was taught about "I messages," respectful communication, assertiveness without aggression, and compromise.
D. The client was reinforced for his/her clear understanding of the conflict resolution skills.
E. The client displayed a poor understanding of the conflict resolution skills and was provided with remedial feedback.

16. Construct Strategy for Managing Anger (16)

A. The client was assisted in constructing a strategy for managing his/her anger.
B. The client was encouraged to combine somatic, cognitive, communication, problem-solving, and conflict resolution skills relevant to his/her needs.
C. The client was reinforced for his/her comprehensive anger management strategy.
D. The client was redirected to develop a more comprehensive anger management strategy.

17. Select Challenging Situations for Managing Anger/Behavior (17)

A. Situations were suggested to the client in which he/she may be increasingly challenged to apply his/her new strategies for managing anger and other behaviors.
B. The client was asked to identify his/her likely upcoming challenging situations for managing anger and other behaviors.
C. The client was urged to use his/her strategies for managing anger and other behaviors in successively more difficult situations.

18. Assign Homework to Practice Coping Skills (18)

A. Techniques were used to help the client consolidate his/her new anger management skills.
B. The client was assigned homework exercises to help him/her consolidate new calming, assertion, conflict resolution, or cognitive restructuring skills.
C. The client was assigned "Safe and Peaceful Meditation" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
D. The client's use of homework to consolidate his/her coping skills was reviewed.
E. The client has not completed homework to help him/her consolidate his/her coping skills and was redirected to do so.

19. Reframe Complaints (19)

A. The client was assisted in reframing complaints into requests for positive change.
B. The client was assigned "Learning to Ask Instead of Demand" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was asked to complete the "Filing a Complaint" exercise from the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
D. The client was asked to identify the pros and cons of complaints versus requests, focusing on which is more respectful.
E. The client's past pattern of disrespectful interactions was reviewed and negative results were emphasized.
F. The client reported several instances of switching from making complaints to making requests of others around him/her and the positive results from this change were highlighted.
G. The client has not completed the "Filing a Complaint" exercise and was redirected to do so.

20. Use Parent Management Training (20)

A. Parent Management Training was used, as developed in *Living with Children* (Patterson).
B. The parents were directed to read *Parenting the Strong-willed Child* (Forehand and Long).
C. The parents were taught how parent and child behavioral interactions can encourage or discourage positive or negative behavior.

D. The parents were taught about how changing key elements of parent–child interactions can be used to promote positive change.
E. The parents were provided with specific examples of how prompting and reinforcing positive behaviors can be used to promote positive change.
F. The parents were provided with positive feedback for the use of Parent Management Training approaches.
G. The parents have not used the Parent Management Training approach and were redirected to do so.

21. Teach Parents to Define Aspects of Situation (21)

A. The parents were taught how to specifically define and identify their child's problem behaviors.
B. The parents were taught how to identify their reactions to their child's behavior and whether the reaction encourages or discourages the behavior.
C. The parents were taught to generate alternative reactions to their child's problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying problem behaviors, reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify their child's problem behaviors, and their own reactions, responses, and alternatives.

22. Teach Consistent Parenting (22)

A. The parents were taught about how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate roles for their child's acceptable and unacceptable behavior.
C. The parents were taught about prompting positive behavior and use of positive reinforcement.
D. The parents were taught about clear direct instruction, time out, and other loss-of-privilege techniques for their child's problem behaviors.
E. The parents were provided with positive feedback, as they have been able to develop consistent parenting practices.
F. The parents have not developed consistent parenting practices and were redirected to do so.

23. Assign Home Exercises to Implement Parenting Techniques (21)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The parents were assigned "Clear Rules, Positive Reinforcement, Appropriate Consequences" in the *Adolescent Psychotherapy Homework Planner*, 2nd ed. (Jongsma, Peterson, and McInnis).
C. The parents' implementation of homework exercises was reviewed within the session.
D. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
E. The parents have not completed the assigned homework and were redirected to do so.

24. Assign Parent Training Manuals (24)

A. The parents were directed to read parent training manuals.

B. The parents were directed to read *Parenting through Change* (Forgatch).
C. The parents were directed to watch videotapes/DVDs demonstrating the techniques used in parent training sessions.
D. The parents' study of pertinent parent training media was reviewed and processed.
E. The parents have not reviewed the assigned pertinent parent training media and were redirected to do so.

25. Track Hostility and Problem-Solve Solutions (25)

A. The frequency and intensity of the negative, hostile feelings and defiant behaviors were tracked.
B. Problem-solving techniques were developed to help solve the frequency and intensity of the negative, hostile feelings and defiant behaviors.
C. A specific plan was developed to help decrease the frequency and intensity of the client's negative, hostile feelings and defiant behaviors.

26. Teach Reciprocity (26)

A. The client was taught about the principle of reciprocity and how this applies to relationships.
B. The client was asked to conduct an experiment in which he/she agrees to treat everyone in a respectful manner for a 1-week period to see if others will reciprocate by treating him/her with more respect.
C. The client was assisted in tracking the results of his/her experiment in respect.
D. The client was assisted in problem-solving issues with respect to help increase the frequency of respectful interactions.
E. It was reflected to the client that he/she has increased his/her pattern of respectful interactions.
F. The client has not increased his/her pattern of respectful interactions and this was reflected to him/her.

27. Play Therapeutic Game (27)

A. The *Thinking, Feeling, and Doing Game* (Gardner) was played with the client, during which he/she had numerous opportunities to express his/her feelings appropriately.
B. Playing the Thinking, Feeling, and Doing Game with the client has given him/her the opportunity to experiment with recognizing and expressing feelings.
C. It was reflected to the client that he/she has become more free to express his/her feelings in a respectful manner.

28. Videotape Destructive Interaction Patterns (28)

A. Videotaping was utilized in family sessions to help identify destructive patterns of interaction within the family.
B. The family was assisted in identifying destructive interaction patterns from viewing the video of a session and developing new, respectful interactions through role-play, role rehearsal, and modeling.
C. The family members reported an increase in respectful interaction between them and an increase in sensitivity to the pattern of disrespectful interaction that has been so prevalent in the past; they were encouraged for this progress.

29. List Hurtful Life Experiences (29)

A. The client was assigned to list experiences of life that have hurt and that have led to oppositional defiant behavior.
B. The client identified a variety of situations in which he/she has felt hurt, taken advantage of, or abused; these were processed.
C. The client was assisted in making a connection between his/her feelings of hurt and the oppositional defiant behavior.
D. The client has been unable to identify hurtful experiences and how they relate to his/her oppositional defiant behavior; tentative examples were provided.

30. Probe Family-of-Origin Patterns (30)

A. The client was probed regarding his/her family-of-origin history to identify patterns of violence, anger, and suspicion.
B. The client was assisted in identifying how patterns of violence, anger, and suspicion in the family of origin can lead to a tendency to see people and situations as dangerous and threatening.
C. The client identified patterns within his/her family of origin that have led to his/her pattern of seeing people and situations as dangerous and threatening; this insight was reinforced.
D. The client denied a connection between his/her family of origin and his/her view of people and situations as dangerous and threatening; tentative examples were provided.

31. Probe Family Dynamics (31)

A. The client's history of family dynamics was probed to identify patterns that have led to oppositional defiant behavior.
B. The client identified family dynamics of abuse and control that have led to oppositional defiant behavior; this insight was processed.
C. As the client has developed a greater understanding of his/her family dynamics, his/her oppositional defiant behaviors have been noted to decrease.

32. Teach Anger Effects (32)

A. The client was educated regarding the ways in which anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others.
B. The client was assisted in gaining an understanding of how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others.
C. The client has utilized the understanding of the effects of anger and has made changes based on this understanding; this insight was reinforced.
D. The client has not accepted how anger blocks the awareness of pain, discharges uncomfortable feelings, erases guilt, and places the blame for problems on others; tentative examples were provided.

33. Develop Forgiveness (33)

A. The client was assisted in identifying whom he/she needs to forgive.
B. The client was educated as to the long-term process involved in forgiveness, versus it being a magical single event.

C. The client was recommended to read *Forgive and Forget* (Smedes).
D. The client was supported as he/she identified a list of individuals whom he/she needs to forgive.

34. Turn Perpetrators Over to a Higher Power (34)

A. The client was taught about the 12-step recovery program concept of a higher power.
B. The client was taught about the choice to turn the perpetrators of pain over to his/her higher power for judgment and punishment.
C. The client verbalized an understanding of the concept of the higher power and the use of the higher power for judgment and punishment of perpetrators of pain; this insight was highlighted.
D. The client rejected the idea of a higher power as a way to provide judgment and punishment for perpetrators of pain; he/she was urged to remain open to this concept.

35. Teach Importance of a 12-Step Recovery Program (35)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around him/her, and sharing feelings.
B. The client has agreed that he/she needs to have a 12-step recovery program, to get a sponsor, to reinforce people around him/her, and to share feelings; this progress was reinforced.
C. The client was resistive to a 12-step recovery program, but was redirected to do so.

36. List Adaptive Actions for Anger (36)

A. The client was assisted in developing a list of actions that he/she is going to take to cope with angry feelings.
B. The client was assisted in identifying several adaptive actions that he/she has used to cope with angry feelings (e.g., calling a sponsor, being assertive but not aggressive, taking a time-out, implementing relaxation, practicing positive self-talk, praying to a higher power).
C. The client was able to identify situations in which he/she used adaptive actions in order to avoid relapse, and these were processed.
D. The client did not utilize adaptive actions to cope with angry feelings, and was redirected to do so.

37. Re-administer Psychological Instruments (37)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of oppositional and defiant symptoms.
B. The client produced treatment outcome test scores indicating improvement on oppositional and defiant symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on oppositional and defiant symptoms, and these results were presented to the client.

38. Assess Satisfaction (38)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PARENT–CHILD RELATIONAL PROBLEM

CLIENT PRESENTATION

1. **Reciprocal Relationship of Stress/Addictive Behaviors (1)***

A. The client identified that the stress from the relationship with his/her child often triggers addictive behavior.
B. The client identified that his/her addictive behavior often exacerbates the relationship conflicts.
C. The client identified a commensurate decrease in relationship stress and addictive behavior.

2. **Poor Communication (2)**

A. The client complained of a lack of communication with his/her child.
B. The client cited incidents of improved communication with his/her child.
C. The client reported being pleased with the amount and the quality of communication with his/her child.

3. **Child's Opposition/Defiance (3)**

A. The client's child presented in an oppositional, defiant manner.
B. The client reported his/her child's pattern of oppositional and defiant behavior, which is a concern to the client.
C. The client's child expressed hostile defiance toward the client.
D. The client's child has noticeably reduced his/her level of hostility and defiance toward most adults.

4. **Lack of Communication Skills (4)**

A. The parent and child have deficiencies in their skills for communicating with each other.
B. The parent and child often have difficulty communicating their emotions.
C. As treatment has progressed, meaningful communication has increased between parent and child.

5. **Anger/Resentment (5)**

A. The client has displayed a pattern of addiction and dishonesty that has led to his/her family member's anger and resentment toward him/her.
B. The client reported specific incidents related to his/her pattern of addiction and dishonesty that have prompted his/her family member's anger and resentment toward him/her.
C. The client's family member has verbalized his/her anger and resentment toward the client, related to the client's addiction and dishonesty.
D. As the client's addiction and dishonesty have decreased, his/her family member's anger and resentment have dissipated as well.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Frequent Arguing (6)

A. The client reported a pattern of frequent arguing between his/her child and himself/herself.
B. There was an edgy, argumentative manner present in the client.
C. There has been a significant decrease in the client's arguments with his/her child.

7. Emotional Distance (6)

A. The client reported an emotional distance between himself/herself and his/her child.
B. The client's pattern of addictive behavior has contributed to his/her child's tendency to emotionally withdraw.
C. The client indicated concern about the pattern of emotional distance between himself/herself and his/her child.

8. Social Isolation/Withdrawal (7)

A. The client has become isolated and withdrawn from his/her family due to his/her pattern of addictive behavior.
B. The client reported that he/she rarely engages in social contact with his/her family, due to his/her pattern of addictive behavior.
C. As the client's addictive behaviors have decreased, his/her pattern of social involvement with the family has increased.

9. Verbal/Physical Abuse (8)

A. The client's child has reported that the client has been verbally or physically abusive.
B. The client's child's report of physical/verbal abuse has been confirmed through independent sources.
C. The client provided a detailed account of his/her verbal/physical abuse of his/her child.
D. The reports of physical abuse have been reported to children's protective services as required by mandatory reporting statutes.
E. The client has stopped all physical and verbal abuse.

10. Child's Peer Group Involvement Excludes Family (9)

A. The client reported that his/her child's involvement within the child's peer group has excluded the client and other family members.
B. The client reported feeling stress that his/her child has chosen the peer group over involvement with himself/herself and other family members.
C. The client's child identified his/her preference of his/her peer group to the exclusion of his/her parents and other family members.
D. The client reported that his/her child has increased involvement with himself/herself and other family members, and decreased involvement with his/her peer group.

11. Family Inability to Establish/Maintain Relationships (10)

A. The client reported that family members have a consistent inability to establish and maintain meaningful, intimate family relationships.
B. Family members consistently describe an inability to establish and maintain meaningful, intimate family relationships.
C. The client reported that family members have increased their ability to establish and maintain meaningful, intimate family relationships.

INTERVENTIONS IMPLEMENTED

1. Explore Relationship Conflicts (1)*

A. During a conjoint session, a history of the parent–child relational conflicts was solicited.
B. Each family member was asked to provide his/her perspective on each issue.
C. A discussion was facilitated in which each family member outlined the nature of the conflict between them.
D. It was reflected to the family members that each demonstrated a tendency to project blame onto the others for his/her conflicts.

2. Assign Step One Exercise for Addiction and Parent–Child Relational Conflicts (2)

A. A 12-step recovery program's Step One was utilized to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with parent–child relational conflicts.
B. The client displayed an understanding of the concept of powerlessness and unmanageability regarding addiction and the negative feelings associated with parent–child relational conflicts; this insight was reinforced.
C. Support and encouragement were provided as the client endorsed the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with parent–child relational conflicts.
D. The client did not endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with parent–child relational conflicts; he/she was provided with examples of how this occurs.

3. Administer Assessment for Parent–Child Relational Conflict (3)

A. The client was administered psychological instruments designed to objectively assess the strength of parent–child relational conflict problems.
B. The Intra- and Interpersonal Relations Scale was administered to the client.
C. The client has completed the assessment of parent–child relational conflict concerns, and minimal concerns were identified; these results were reported to the client.
D. The client has completed the assessment of parent–child relational conflict concerns, and significant concerns were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of parent–child relational conflict concerns, and the focus of treatment was turned toward this defensiveness.

4. Teach Reciprocity of Parent–Child Relational Conflicts/Addiction (4)

A. The client was presented with the concept of a reciprocal relationship between parent–child relational conflicts and addiction.
B. The client was asked to identify how substances have played a major part in his/her choices regarding parent–child relational conflicts.
C. The client was asked to verbalize how parent–child relational conflicts have been triggers for his/her substance use.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

D. The client denied any connection between parent–child relational conflicts and addictive behavior; he/she was asked to monitor this dynamic.

5. List Examples of Addiction Leading to Conflict (5)

A. The client was asked to list incidents in which addictive behavior has led to relationship conflicts.
B. Several examples were identified in which addictive behavior has led to relationship conflict situations.
C. The client indicated increased insight due to his/her review of addictive behaviors leading to relationship conflict; this was reinforced.
D. The client denied any pattern of addictive behaviors leading to relationship conflicts; he/she was directed to monitor this pattern.

6. List Examples of Relationship Conflict Leading to Addiction (6)

A. The client was asked to list five occasions in which relationship conflicts have led to addictive behaviors.
B. Active listening was provided as the client identified several situations in which relationship conflicts have precipitated addictive behavior.
C. The client was noted to have increased insight due to his/her review of relationship conflicts leading to addictive behaviors.
D. The client denied any pattern of relationship conflicts leading to addictive behavior; he/she was directed to monitor this pattern.

7. Focus on Acceptance of Responsibility (7)

A. The client was focused on accepting responsibility for his/her role in the relationship problems and for choosing addictive behavior as a reaction to conflicts.
B. The client accepted responsibility for his/her relationship problems but was noted not to take responsibility for his/her choice of addictive behavior.
C. The client was noted to deny his/her responsibility for relationship problems, but did accept responsibility for addictive behavior.
D. The client accepted his/her responsibility for parent–child relational conflicts and for choosing addictive behavior as a reaction to the conflicts; this honesty was reinforced.
E. The client denied any responsibility for parent–child relational conflicts or addictive behaviors; he/she was urged to monitor this dynamic.

8. Confront Denial (8)

A. The client was confronted for his/her responsibility for the parent–child relational conflicts and his/her projection of all responsibility onto the child.
B. The client was supported as he/she accepted that he/she has a pattern of denial of responsibility for the parent–child relational conflicts and that he/she projects responsibility onto the child.
C. The client has accepted increased responsibility for the parent–child relational conflicts, and is not projecting responsibility onto the child; this progress was emphasized.
D. The client rejected the concept of his/her denial of responsibility for the parent–child relational conflicts, and continues to project responsibility onto the child; he/she was urged to monitor this dynamic.

9. Assess/Report Abusive Behaviors (9)

A. An assessment was conducted to identify the nature and extent of the client's abusive behavior toward the child.
B. The client's child was referred to a physician to confirm and document the physical abuse.
C. The client's abuse of his/her child was reported to the state child protection agency for further investigation.
D. The client was notified of the revelation about the child's physical abuse and that, as required by law, it was reported to the state child protection agency for investigation.

10. Ensure Child's Safety (10)

A. The family environment was assessed to determine whether it was safe for the child.
B. The family environment was determined to be unsafe for the child, and steps were recommended to protect the child from any further abuse (e.g., notifying legal authorities of the abuse, temporary placement of the child with other family or friend, removal of the abusive parent from the home).
C. Family members were assisted in taking specific steps to ensure the child's safety.
D. Family members have not taken specific steps to ensure the child's safety, and they were redirected to do so.

11. Refer to Domestic Violence Program (11)

A. The abusive parent was referred to a domestic violence treatment program.
B. The abusive parent attended and participated in the required domestic violence treatment program, and his/her experience was reviewed.
C. The gains made by the abusive parent within the domestic violence treatment program were monitored and reinforced.
D. The abusive parent was confronted regarding his/her noncompliance with attending the required domestic violence treatment.

12. Assign Positive/Negative Aspects Lists (12)

A. The family members were assigned to list, from their own perspectives, the positive and negative things about the relationships and about each other.
B. The family members have listed positive things about each other and about the relationships, as well as negative things about each other and the relationships; this was reviewed.
C. The family members have failed to follow through on completing the assignment regarding listing positive and negative relationship aspects, and they were encouraged to do so.

13. Identify Conflict Causes (13)

A. The client was assisted in identifying causes for past and present relationship conflicts.
B. The client was assisted in identifying a variety of patterns of behavior that are causes for past and present conflicts.
C. The client was focused on the situational factors that have affected past and present conflicts.
D. The client was unable to identify consistent issues that have caused past or present conflicts, and was given tentative examples in this area.

14. List Own and Other's Changes by Client (14)

A. The client was asked to list the changes that he/she must make to improve the relationship.
B. The client has followed through on listing the changes that he/she must make to improve the relationship, and this list was processed within the session.
C. The client was asked to list the changes the child needs to make to improve the relationship.
D. The client has identified the changes that the child needs to make, and these changes were processed within the session.
E. The client has failed to identify a list of changes that he/she or the child needs to make to improve the relationship, and he/she was encouraged to do so.

15. List Own and Other's Changes by Family Members (15)

A. Each of the client's family members was assigned a list of the changes that he/she must make to improve the relationship.
B. Each of the client's family members has followed through on listing the changes that he/she needs to make to improve the relationship, and these lists were processed within the session.
C. Each of the client's family members was asked to list the changes that the client needs to make to improve the relationship.
D. Each of the client's family members have identified changes that the client needs to make, and these changes were processed within the session.
E. The client's family members have failed to identify a list of changes that they and the client need to make to improve the relationship, and they were encouraged to do so.

16. Solicit Change Commitment (16)

A. Each family member was facilitated in making a commitment to attempt to change specific behaviors that have been identified by himself/herself or other family members.
B. Each family member was asked to make a written commitment as to what behaviors each will attempt to change.
C. Each family member was reinforced for his/her willingness to implement changes in himself/herself to improve the relationship.
D. Each family member's progress in making changes in himself/herself to improve the relationship was reviewed and processed.
E. Each family member has not made significant changes in himself/herself to improve the relationship, and they were refocused on these changes.

17. Facilitate Discussion/Make Plans for Communication (17)

A. In a family therapy session, a discussion was facilitated regarding the parent–child problems and how to improve intimacy, nurturing, and communication.
B. Family members identified the important aspects of the parent–child problem, and these were processed.
C. Family members were helped to develop specific plans to improve intimacy, nurturing, and communication.
D. Family members indicated implementation of plans to improve intimacy, nurturing, and communication, and this was reviewed.

E. Family members have struggled to develop and institute plans to improve intimacy, nurturing, and communication, and were provided with additional guidance.

18. Teach Verbal/Nonverbal Affection (18)

A. Modeling, role-playing, and behavior rehearsal were utilized to teach the family members how to show verbal and nonverbal affection to each other.

B. Active listening was used as the family members verbalized an understanding of techniques to show verbal and nonverbal affection to each other (e.g., going for a walk together, talking intimately, holding hands, hugging, playing ball, giving each other compliments and praise).

C. The family members were assisted in identifying regularly utilizing techniques to display verbal and nonverbal affection to each other.

D. The family members have not utilized techniques to show verbal and nonverbal affection to each other, and they were redirected to do so.

19. Teach Healthy Communication Skills (19)

A. The client was taught about healthy communication skills (i.e., using "I" messages, reflecting, active listening, sharing feelings).

B. Support was provided as the client displayed an understanding of healthy communication skills.

C. The client identified that he/she has used healthy communication skills to improve relationships; this progress was highlighted.

D. The client has struggled to utilize appropriate healthy communication skills, and he/she was redirected to use these types of skills.

20. Teach Family Communication Skills (20)

A. A family session was held to focus on teaching and improving communication skills.

B. Family members were taught specific communication skills, and they displayed these within the session.

C. Family members reported increased communication, and this progress was reinforced.

D. Family members have struggled to understand and implement the helpful communication skills, and were provided with additional feedback.

21. Assign Specific Communication Plan (21)

A. The client was assigned to develop a written plan as to the time, place, and amount of time that will be devoted to private, one-to-one communication with his/her family members each day.

B. The client has developed a specific written plan for one-to-one communication, which was reviewed.

C. The client reported devoting specific time to private, one-to-one communication with his/her partner each day, and his/her experience was reviewed.

D. The client has not developed a plan for one-to-one communication, and he/she was re-directed to do so.

22. Use Parent Management Training (22)

A. Parent Management Training was used as developed in *Living with Children* (Patterson).

B. The parents were assigned to implement techniques from *Parenting the Strong-willed Child* (Forehand and Long).
C. The parents were taught how parent and child behavioral interactions can encourage or discourage positive or negative behavior.
D. The parents were taught about how changing key elements of parent–child interactions can be used to promote positive change in the child's behavior.
E. The parents were provided with specific examples as to how prompting and reinforcing positive behaviors can be used to promote positive change in the child's behavior.
F. The parents were provided with positive feedback for the use of Parent Management Training approaches.
G. The parents have not used the Parent Management Training approach and were redirected to do so.

23. Teach Parents to Define Aspects of Situation (23)

A. The parents were taught how to specifically define and identify their child's problem behaviors.
B. The parents were taught how to specifically identify their reactions to their child's behavior and whether each reaction encourages or discourages the behavior.
C. The parents were taught to generate alternative reactions to their child's problem behavior.
D. Positive feedback was provided to the parents for their skill at specifically defining and identifying their child's problem behaviors and their own reactions, outcomes, and alternatives.
E. Parents were provided with remedial feedback as they struggled to correctly identify their child's problem behaviors and their own reactions, responses, and alternatives.

24. Teach Consistent Parenting (24)

A. The parents were taught about how to implement key parenting practices on a consistent basis.
B. The parents were taught about establishing realistic, age-appropriate rules for acceptable and unacceptable behavior.
C. The parents were taught about prompting their child's positive behavior and use of positive reinforcement.
D. The parents were taught about clear direct instruction, time out, and other loss-of-privilege techniques for their child's problem behavior.
E. The parents were taught about negotiation and renegotiation with adolescents.
F. The parents were provided with positive feedback as they have developed consistent parenting practices.
G. The parents have not developed consistent parenting practices and were redirected to do so.

25. Assign Home Exercises to Implement Parenting Technique (25)

A. The parents were assigned home exercises in which they implement parenting techniques and record results of the implementation exercises.
B. The parents' implementation of homework exercises was reviewed within the session.

C. Corrective feedback was used to help develop improved, appropriate, and consistent use of skills.
D. The parents have not completed the assigned homework and were redirected to do so.

26. Assign Parent Training Manuals (26)

A. The parents were directed to read parent training manuals.
B. The parents were directed to read *Parenting through Change* (Forgatch).
C. The parents were directed to watch videotapes/DVDs demonstrating the techniques used in parent training sessions.
D. The parents' study of pertinent media was reviewed and processed.
E. The parents have not reviewed the assigned pertinent media and were redirected to do so.

27. Identify Pleasurable Activities (27)

A. The family members were assisted in identifying and planning rewarding recreational activities that they can do together.
B. The family members were noted to have increased the time spent together in enjoyable contact.
C. The family members reported specific instances of recreational activities that they have enjoyed together.
D. The family members have failed to follow through on increasing their enjoyable recreational time together, and they were encouraged to do so.

28. Assign Letter to Family Members (28)

A. The client was assigned to write a letter to each family member, sharing how he/she feels and suggesting pleasurable activities that they could engage in together during recovery.
B. The client has written a letter to each family member, sharing his/her feelings and desired recovery activities, and this was processed within the session.
C. The client has shared his/her feelings and desired pleasurable activities, and family members have been noted to respond with positive feedback and an increase in pleasurable activities.
D. The client has shared his/her letter regarding his/her feelings and desired pleasurable activities, but his/her family members have displayed a negative reaction to this sharing of feelings; this experience was processed.
E. The client failed to complete a letter regarding his/her feelings and desired pleasurable activities, and he/she was redirected to do so.

29. Encourage New Social Relationships (29)

A. The client was encouraged and supported in building new social relationships that will meet his/her emotional needs, increase satisfaction with life, replace addictive behavior, and reinforce social skills.
B. The client identified that he/she has been building new social relationships, and this was supported.
C. The client reported that his/her new social relationships have met his/her emotional needs, increased his/her satisfaction with life, replaced his/her addictive behavior, and helped to reinforce his/her social skills; this program was celebrated.

D. The client has struggled to build new social relationships, and this was processed within the session.

30. Develop Written Recovery Plan (30)

A. The client was assisted in developing a written recovery plan that will support recovery from parent–child relational problems and addictive behavior, including attending recovery group meetings regularly, getting a sponsor, and obtaining other necessary therapy.
B. The client has listed several components of a recovery plan that were noted to support his/her sobriety (e.g., self-help groups, sponsors, family activities, counseling).
C. The client was reinforced for active pursuit of the elements of his/her recovery plan.
D. The client has not followed through on developing a recovery plan, and he/she was re-directed to do so.

31. Teach Family Members about Recovery Program (31)

A. Each family member was taught about the importance of working his/her own program of recovery.
B. Family members were assisted in identifying the important components of the recovery programs.
C. Family members were reinforced as they accepted the idea of working their own recovery programs.
D. Family members were reluctant to accept the need for working their own programs of recovery, and were redirected to do so.

32. Re-administer Psychological Instruments (32)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of oppositional and defiant symptoms.
B. The client produced treatment outcome test scores indicating improvement on oppositional and defiant symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on oppositional and defiant symptoms, and these results were presented to the client.

33. Assess Satisfaction (33)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PARTNER RELATIONAL CONFLICTS

CLIENT PRESENTATION

1. Relationship Stress as an Excuse for Addiction (1)*

A. The client described a pattern of relationship stress that he/she has used as an excuse for addiction.
B. The client described that his/her addictive behavior has exacerbated the relationship conflicts.
C. The client described an increasing pattern of relationship stress and addictive behavior.
D. The client reported a decrease in relationship stress and addictive behavior.

2. Lack of Communication (2)

A. The client complained of a lack of communication with his/her partner.
B. Communication between the client and his/her partner has improved.
C. The client cited examples of improved communication with his/her partner.
D. The client reported being pleased with the amount and quality of the communication with his/her partner.

3. Marital Separation (3)

A. The client and his/her partner have agreed to a marital separation due to his/her addictive behavior.
B. The partner has initiated a separation from the client, citing his/her addictive behavior.
C. The client has initiated a marital separation from his/her partner.
D. The client expressed feelings of hurt, disappointment, anxiety, and depression related to the marital separation.
E. The separation between the client and his/her partner has ended and they have reunited.

4. Pending Divorce (4)

A. A divorce petition has been filed by the client.
B. The client's partner has filed for a petition of divorce.
C. The legal proceeding of a divorce has been finalized.
D. The client expressed feelings of sadness surrounding his/her divorce.
E. The client expressed feelings of anger and resentment over the divorce.
F. The client placed responsibility for the divorce on the partner.
G. The pending divorce action has been discontinued, and the client and partner have reconciled.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Emotional Distance (5)

A. The client described a pattern of very limited or only superficial communication, frequent arguing, infrequent sexual enjoyment, and a feeling of emotional distance from his/her partner.
B. The client and his/her partner continue a pattern of emotional distance characterized by poor communication, arguing, and infrequent sexual enjoyment.
C. The client and his/her partner have taken steps to spend quality time together to increase the degree of intimacy between them.

6. Social Isolation (6)

A. The client described a pattern of social isolation and withdrawal due to his/her addictive behavior.
B. The client identified that he/she chooses to engage in addictive behavior rather than spend time with others in social situations.
C. As the client has decreased his/her addictive behavior, he/she reports increased social contacts.
D. The client reported more fulfilling social interactions.

7. Abusive Relationship (7)

A. The client reported instances of verbal abuse that have occurred within the relationship.
B. The client reported instances of physical abuse that have occurred within the relationship.
C. The client has taken steps to remove himself/herself from the abusive relationship.
D. The abuse in the relationship has ended.

8. Multiple Intimate Relationships (8)

A. The client described involvement in multiple concurrent sexual relationships.
B. The client described that he/she has been involved in multiple concurrent sexual relationships in the past.
C. The client reported that he/she experiences emotional conflicts regarding his/her engagement in multiple concurrent sexual relationships.
D. The client reported feeling no conflict over his/her pattern of multiple concurrent sexual relationships.
E. The client acknowledged the need to terminate his/her pattern of multiple concurrent sexual relationships.

9. Broken Relationship Pattern (9)

A. The client described a pattern of repeatedly broken or conflicted relationships due to a lack of problem-solving skills, recurrent distrust in the relationships, or choosing dysfunctional partners who may be abusive.
B. The client has developed increased insight into his/her pattern of choosing dysfunctional partners with whom to become intimate.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Partner Relational Problems (1)*

A. A 12-step recovery program's Step One was utilized to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with partner relational conflicts.

B. The client described an understanding of the concept of powerlessness and unmanageability regarding his/her addiction and partner relational conflicts; this insight was processed.

C. The client was able to endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with partner relational conflicts; the progress was reinforced.

D. The client did not endorse the concept of his/her powerlessness and unmanageability that have resulted from addiction and partner relational conflicts, and was provided with additional feedback in this area.

2. Identify Conflict Causes (2)

A. The client was assisted in identifying causes for past and present relationship conflicts.

B. Active listening was provided as the client identified a variety of patterns of behavior that are causes for past and present conflicts.

C. Support and encouragement were provided as the client focused on the situational factors that have affected past and present conflicts.

D. The client was unable to identify consistent patterns that have caused past or present conflicts, and was provided with tentative examples of this dynamic.

3. Explore Relationship Conflicts (3)

A. During a conjoint session, a history of the partner relational conflicts was solicited.

B. Each partner was asked to provide his/her perspective on each issue.

C. A discussion was facilitated during which each partner identified the nature of the conflict between them.

D. It was reflected to the partner that they demonstrated a tendency to project blame onto the other for their conflicts.

4. Administer Assessment for Partner Relational Conflict (4)

A. The client was administered psychological instruments designed to objectively assess the strength of partner relational conflicts.

B. The Partner Satisfaction Inventory, Revised was administered to the client.

C. The client has completed the assessment of partner relational conflict concerns, and minimal concerns were identified; these results were reported to the client.

D. The client has completed the assessment of partner relational conflict concerns, and significant concerns were identified; these results were reported to the client.

E. The client refused to participate in psychological assessment of partner relational conflict concerns, and the focus of treatment was turned toward this defensiveness.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Teach Partner Relational Conflicts/Addiction Connection (5)

A. The client was taught about the connection between partner relational conflicts and addiction, including how addiction can be used to manage the feelings associated with these conflicts.
B. The client was taught about how increased addictive behavior leads to increased partner relational conflicts.
C. The client accepted the connection between partner relational conflicts and addictive behavior, and was able to identify specific examples from his/her experience that support this pattern.
D. The client reported decreased addictive behavior related to partner relational conflicts; this progress was celebrated.
E. The client rejected the concept of a connection between his/her partner relational conflicts and addictive behavior; he/she was urged to monitor this pattern.

6. List Examples of Addiction Leading to Conflict (6)

A. The client was asked to list five instances when addictive behavior has led to relationship conflicts.
B. The client was assisted in identifying several instances when addictive behavior has led to relationship conflict situations.
C. The client was noted to display increased insight due to his/her review of addictive behavior leading to relationship conflict.
D. The client denied any pattern of addictive behavior leading to relationship conflicts; he/she was urged to monitor this pattern.

7. List Examples of Relationship Conflict Leading to Addiction (7)

A. The client was asked to list five occasions in which relationship conflicts have led to addictive behavior.
B. Active listening was provided as the client identified several situations in which relationship conflicts have precipitated addictive behavior.
C. The client was noted to display increased insight due to his/her review of relationship conflicts leading to addictive behavior.
D. The client denied any pattern of relationship conflicts leading to addictive behavior; he/she was urged to monitor this pattern.

8. Focus on Acceptance of Responsibility (8)

A. The client was asked to focus on accepting responsibility for his/her role in the relationship problems and for choosing addictive behavior as a reaction to conflicts.
B. The client acknowledged his/her responsibility for relationship problems but was noted not to take responsibility for his/her choice of addictive behavior.
C. The client accepts responsibility for his/her addictive behavior, but was noted to deny responsibility for his/her relationship problems.
D. The client acknowledged responsibility for his/her partner relational conflicts and for choosing addictive behavior as a reaction to the conflicts; this progress was reinforced.
E. The client denied any responsibility for partner relational conflicts or addictive behavior, and was urged to monitor this pattern.

9. Identify Relationship-Building Behaviors (9)

A. The partners were assisted in identifying behaviors that enhance their relationship rather than contribute to distancing and conflict.

B. Both partners were reinforced as they agreed to commit themselves to working toward strengthening the relationship.

C. The partners were ambivalent about the commitment to relationship building and treatment was focused on resolving this issue.

10. Explore Relationship Conflicts (10)

A. Each partner has been assisted in identifying the nature of the conflicts between them.

B. It was noted that each partner has demonstrated a tendency to project blame onto the other for their conflicts.

C. The couple was assessed for conflict resolution, communication, and problem-solving difficulties.

11. Assign Relationship Journaling (11)

A. Each partner was assigned the task of journaling about positive experiences regarding the relationship that occur between sessions.

B. The couple was assigned "Positive and Negative Contributions to the Relationship: Mine and Yours" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).

C. The partners brought back to the session journal material relating positive interactions that occurred between them between sessions, which was processed in the session.

D. Neither partner has followed through on keeping a journal of positive interactions and both were encouraged to do so.

12. Process Positive and Problematic Features (12)

A. The lists of positive and problematic features of each partner in the relationship were reviewed and processed within the session.

B. The couple was asked to develop a list of targeted changes he/she needs to make to improve the relationship.

C. The couple was asked to complete the "How Can We Meet Each Other's Needs" in the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

D. The couple has processed a list of problematic features and was provided with positive feedback for their mature understanding of the changes that need to be made.

E. The couple has struggled to make a clear commitment to the changes that each will need to make in order to improve their relationship; this reluctance was reflected and processed.

13. Identify Conflicts Related to Communication, Conflict-Resolution, and Problem-Solving (13)

A. The couple was assisted in identifying conflicts that could be addressed using communication, conflict-resolution, and/or problem-solving skills.

B. Techniques described by Holzworth-Monroe and Jacobson in "Behavioral Marital Therapy" in the *Handbook of Family Therapy* (Gurman and Knickerson) were used to help the couple develop better communication, conflict-resolution, and problem-solving skills.

14. Teach Communication Skills (14)

A. Behavioral techniques (education, modeling, role-playing, corrective feedback, and positive reinforcement) were used to teach communication skills.
B. The couple was taught assertive communicating; offering positive, active listening; making positive requests of others for behavior change; and giving negative feedback in an honest, open, and respectful manner.
C. The couple was reinforced for learning better communication skills.
D. The couple has not learned better communication skills and was provided with remedial feedback in this area.

15. Assign Record of Communication Skills (15)

A The couple was assigned to do homework using learned communication skills.
B. The couple was asked to record their experience of newly learned communication skills.
C. The couple was assigned "Communication Skills" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client has completed the communication skills assignment and the results were processed in session, providing corrective feedback toward improvement.
E. The client has not completed the communication skills assignment, and the resistance was processed.
F. The client was encouraged to process his/her results within the session.
G. The client was provided with corrective feedback toward improvement in regard to his/her learned communication skills.

16. Teach Problem-Solving Skills (16)

A. Education, modeling, role-playing, corrective feedback, and positive reinforcement were used to teach the couple problem-solving and conflict-resolution skills.
B. The couple was taught to define the problem constructively and specifically, brainstorm ideas, evaluate options, compromise, choose options, implement a plan, and evaluate the results.
C. The couple was reinforced for their use of problem-solving and conflict-resolution skills.
D. The couple has not used problem-solving skills and was redirected to do so.

17. Record Problem-Solving and Conflict-Resolution Skills (17)

A. The couple was directed to use problem-solving and conflict-resolution skills.
B. The couple was requested to record their experience of using problem-solving and conflict-resolution skills.
C. The client was assigned "Applying Problem-Solving to Interpersonal Conflict" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was assigned "Identifying Proven Problem Solving Skills" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
E. The results of the use of the problem-solving and conflict-resolution skills were processed.

18. Assess Current Patterns of Destructive Behavior (18)

A. The couple's current level of destructive and/or abusive behavior was assessed.

B. Each partner's family-of-origin history was explored to identify patterns of destructive intimate relationship interaction.
C. The partners were encouraged to note the repetition of a family pattern of destructive intimate relationship interactions.
D. The partners' family-of-origin history was explored, but they did not identify any specific pattern of destructive intimate relationship interactions.

19. List Aggression-Escalating Behaviors (19)

A. Each partner was assisted in making a list of behaviors that escalate conflict between them and trigger abusive behavior.
B. The partners were asked to make special note of any conflict between them and the behaviors that contribute to that conflict escalating.
C. The partners struggled to gain insight into how their behaviors contributed to escalating conflicts and were provided with tentative examples in this area.

20. Develop Conflict-Termination Signal (20)

A. The partners were assisted in identifying a clear verbal or behavioral signal to be used by either partner to terminate interaction immediately if either of them fears impending abuse.
B. Role-playing and modeling were used to teach how the conflict-termination signal could be used in future disagreements between them.
C. The partners were reinforced for their regular use of the conflict-termination signal.
D. The partners have not regularly used the conflict-termination signal and have allowed conflicts to become more escalated; they were redirected to use this helpful technique.

21. Solicit Conflict-Termination Agreement (21)

A. Both partners were solicited for a firm agreement that the conflict-termination signal would be responded to favorably and without debate.
B. The partners were reinforced as they reported successful implementation of a conflict-termination signal that has reduced incidents of abuse.

22. Record Use of "Time Out" (22)

A. The couple was assigned to implement the use of the "time out" signal and other conflict-resolution skills in daily interaction.
B. The couple was asked to record their use of the "time out" signal and other conflict-resolution skills.
C. The client was assigned "Alternatives to Destructive Anger" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
D. The couple has regularly used and recorded their use of conflict-resolution skills and these were processed within the session.
E. The couple has not regularly used or recorded the conflict-resolution skills and was redirected to do so.

23. Explore Relationship Expectations (23)

A. Each partner's expectations for the relationship were explored and irrational, unrealistic expectations were noted.

B. The couple was assisted in developing realistic beliefs and expectations regarding the relationship.

24. Teach Mutual Satisfaction (24)

A. The partners were taught the key concept that each partner must be willing at times to sacrifice his/her own needs and desires to meet the needs and desires of the other.

B. The partners were reinforced as they have verbally recognized their responsibility to meet some of the needs of the significant other in the relationship.

C. The partners have not regularly focused on mutual satisfaction and were encouraged to do so.

25. Discuss Sexual Problems (25)

A. The nature of the couple's sexual relationship was assessed for the presence of any sexual dysfunction or irrational sexual beliefs and attitudes.

B. The partners were helped to acknowledge sexual problems between themselves, and have agreed to focus efforts on trying to resolve these problems.

C. The partners denied any sexual conflict between themselves, which was accepted at face value.

26. Teach Verbal/Nonverbal Affection (26)

A. Modeling, role-playing, and behavior rehearsal were utilized to teach the partners how to show verbal and nonverbal affection to each other.

B. The partners verbalized an understanding of techniques to show verbal and nonverbal affection to each other (e.g., going for a walk together, talking intimately, holding hands, hugging, dancing, giving each other compliments and praise); these examples were reinforced.

C. The partners reported regularly utilizing techniques to display verbal and nonverbal affection to each other; this progress was reinforced.

D. The partners have not utilized techniques to show verbal and nonverbal affection to each other, and both were redirected to do so.

27. Gather Sexual History Information (27)

A. The couple was requested to provide a detailed sexual history, including both positive and negative experiences.

B. Each partner's sexual history was reviewed in order to rule out dysfunction and utilize strengths.

C. After reviewing each partner's sexual history, and the history of the couple, specific strengths and dysfunction were identified and reflected to the couple.

D. The couple has been reluctant to share sexual history information, and this resistance was processed.

28. Refer for Sexual Dysfunction Diagnosis and Treatment (28)

A. The client was referred to a specialist for a diagnostic evaluation of sexual dysfunction.

B. Organic factors were identified as leading to sexual dysfunction and appropriate treatment was recommended and initiated.

C. Psychogenic factors were identified as leading to sexual dysfunction and appropriate treatment was recommended and initiated.
D. An assessment of sexual dysfunction was conducted, but none was found.

29. Identify Components of Sexual Attitudes (29)

A. A joint session was held to identify sexual behavior, patterns, activities, and beliefs of each partner in the extended family.
B. The couple was supported as they identified the contributors to their sexual attitudes.
C. The couple appeared cautious and defensive about the factors contributing to their negative sexual attitudes and was encouraged to become more open in this area.

30. Solicit Commitment to Healthy Sexual Attitude/Behavior (30)

A. Each partner was asked to commit himself/herself to attempting to develop healthy, mutually satisfying sexual beliefs, attitudes, and behaviors that are independent of previous childhood, personal, or family training or experience.
B. Each partner was supported as he/she verbalized a commitment to change his/her sexual attitudes and behaviors to something healthier and gave evidence of that commitment through reporting implementation of healthier behavior and attitudes.
C. Each partner identified the difficulties that he/she is having separating himself/herself from previous dysfunctional sexual beliefs and attitudes; these were processed toward resolution.

31. Stress Continued Therapy (31)

A. The couple was focused on the importance of continued therapy to improve the relationship and to maintain gains.
B. The couple acknowledged the need for continued therapy in order to improve the relationship and maintain gains.
C. The couple rejected the need for continued therapy to improve the relationship and maintain gains.

32. Assign Specific Communication Plan (32)

A. The client was assigned to develop a written plan as to the time, place, and amount of time that will be devoted to private, one-to-one communication with his/her partner each day.
B. The client developed a specific written plan for one-to-one communication and it was reviewed.
C. The client reported devoting specific time to private, one-to-one communication with his/her partner each day, and their experience was processed.
D. The client has not developed a plan for one-to-one communication, and he/she was re-directed to do so.

33. Improve Communication Skills (33)

A. Both partners were asked to commit themselves to address the issues of communication within the relationship.
B. Both partners were assisted in clarifying their communication and their expression of feelings within the conjoint session.
C. Both partners reported that they have increased the quality and frequency of communicating with each other; specific examples of this success were processed.

D. The couple continues to struggle with communication skills, and remedial feedback was provided.

34. Identify Pleasurable Activities (34)

A. The partners were assisted in identifying and planning rewarding recreational activities that they can do together.
B. The partners reported specific instances of recreational activities that they have enjoyed together; examples of this success were solicited.
C. The partners have failed to follow through on increasing their enjoyable recreational time together, and both were encouraged to do so.

35. Encourage Grief Sharing and Social Interaction (35)

A. The client was encouraged to share the grief of losing his/her significant other or spouse.
B. Active listening was provided as the client expressed his/her grief over the loss of the significant other or spouse.
C. The client was provided with additional support as he/she struggles to openly share his/her emotions related to the loss of the significant other or spouse.
D. The client was encouraged to develop a written plan to increase social interaction and to improve old relationships.
E. The client has developed a plan for increasing social interaction and improving old relationships, and is implementing this plan; this progress was highlighted.
F. The client has not focused on developing a plan to increase social interactions and improve old relationships, and he/she was redirected to do so.

36. Encourage New Relationships (36)

A. The client was encouraged to build new social relationships.
B. The client reported increasing social relationships, and was positively reinforced within the session for doing so.
C. The client has been reluctant to develop new social relationships, and he/she was redirected to do so.

37. Develop Written Recovery Plan (37)

A. The client was assisted in developing a written recovery plan that will support recovery from partner relational problems and addictive behavior, including attending recovery group meetings regularly, getting a sponsor, and obtaining other necessary therapy.
B. The client has listed several components of a recovery plan that will support his/her sobriety (e.g., self-help groups, sponsors, family activities, counseling); this list was reviewed.
C. The client was reinforced as he/she described active pursuit of the elements of his/her recovery plan.
D. The client has not followed through on developing a recovery plan, and he/she was redirected to do so.

38. Re-administer Psychological Instruments (38)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of oppositional and defiant symptoms.

B. The client produced treatment outcome test scores indicating improvement on oppositional and defiant symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on oppositional and defiant symptoms, and these results were presented to the client.

39. Assess Satisfaction (39)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PEER GROUP NEGATIVITY

CLIENT PRESENTATION

1. Encouraged in Addictive Behavior (1)*

A. The client reported that many of his/her friends and relatives are chemically dependent.
B. The client reported that his/her chemically dependent friends and relatives often encourage him/her to join them in addictive behavior.
C. The client described an increase in addictive behavior subsequent to his/her friends and relatives encouraging him/her to engage in addictive behavior.
D. The client reported that he/she has resisted the influence of addicted friends and relatives.
E. The client reported that he/she is developing different relationships in order to avoid his/her addicted friends and relatives.

2. Illegal Substances Sold and Encouraged (2)

A. The client reported that his/her peers are often involved in the sale of illegal substances.
B. The client reported that his/her peers often encourage him/her to engage in the sale of illegal substances.
C. The client reported his/her temptation to join his/her peers in the sale of illegal substances.
D. The client described his/her own involvement in the sale of illegal substances.
E. The client has terminated his/her involvement with peers and the sale of illegal substances.

3. Peer Group Is Unsupportive (3)

A. The client identified situations in which his/her peer group is not supportive of his/her recovery from addiction.
B. The client acknowledged that his/her peer group has a persistent pattern of failure to support his/her recovery from addiction.
C. The client reported changing his/her peer group to help support his/her recovery from addiction.
D. The client endorsed the need to develop a new peer group in order to obtain support for his/her recovery from addiction.

4. Gang Involvement (4)

A. The client described a variety of gang-related activities that support criminal activity and addictive behavior.
B. The client reported that he/she has been involved in a gang that supported criminal activity and addictive behavior.
C. The client acknowledged ways in which his/her gang involvement produces a pattern of criminal activity and addictive behavior.
D. The client has taken steps to remove himself/herself from the gang environment.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Peers Not Understanding Addiction/Recovery (5)

A. The client indicated that his/her peers do not seem to understand his/her experience of addiction.
B. The client identified that his/her peers do not understand or support his/her need for recovery.
C. The client's peers' poor understanding of addiction and need for recovery has contributed to the client's decision to continue addictive behavior.
D. As treatment has progressed, the client's peers' understanding of addiction and recovery has improved, and support for his/her recovery has increased.

6. Mocking Recovery (6)

A. The client was observed to laugh and joke about his/her recovery.
B. The client reported that his/her peers often laugh and joke about recovery and continue to engage in addictive behavior.
C. The client displayed increased seriousness about his/her recovery, and has discontinued laughing and joking about addictive behavior.

7. Gambling (7)

A. The client reported that his/her peers engage in and encourage gambling.
B. The client acknowledged that he/she has struggled to control his/her gambling impulses.
C. The client acknowledged his/her problem with gambling, and has identified that he/she needs to develop a different peer culture.
D. The client has made changes in his/her peer group to avoid those who support gambling.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Peer Group Negativity (1)*

A. A 12-step program's Step One was used to help the client see the powerlessness and unmanageability that have resulted from addictive behaviors and peer group negativity.
B. The client was assigned to complete the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C The client has completed the Step One exercise in the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson) and his/her insights into this area were reviewed.
D. The client has not completed the Step One exercise and the reasons for this resistance were processed.
E. Active listening skills were used as the client discussed his/her powerlessness and unmanageability regarding addiction and the negative peer group.
F. The client was reinforced as he/she endorsed the concept of his/her powerlessness and unmanageability that have resulted from addictive behaviors and peer group negativity.
G. The client denied that his/her addiction and negative peer group have resulted in powerlessness and unmanageability, and was provided with tentative examples of how this occurs.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

2. Administer Assessment for Peer Group Negativity (2)

A. The client was administered psychological instruments designed to objectively assess the strength of the client's identification with values of a negative peer group.
B. The Family Environment Scale (FES) was administered to the client.
C. The client has completed the assessment of identification with the values of a negative peer group, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of identification with the values of a negative peer group, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of identification with the values of a negative peer group, and the focus of treatment was turned toward this defensiveness.

3. Explore Relationship between Peer Group Negativity and Addiction (3)

A. The client was taught the relationship between peer group negativity and addiction, including how addictive behavior can be used in response to peer group negativity.
B. The client was taught about how more addictive behavior supports and develops increased peer group negativity.
C. The client accepted the reciprocal relationship between peer group negativity and addiction, and was helped to identify specific examples from his/her experience that support this pattern.
D. The client reported decreased addictive behavior despite ongoing peer group encouragement to continue the addictive behavior; he/she was cautioned about the precarious nature of this progress.
E. Analogies were provided to the client emphasizing the increased likelihood of relapse when he/she is around other addicted individuals (i.e., "Birds of a feather flock together," "If you hang around the barber shop long enough, you're going to get a haircut").

4. List Peers' Encouragement of Addictive Behavior (4)

A. The client was assigned to list instances when peers encouraged addictive behavior.
B. The client was assigned "What Do I Need and How Do I Get It?" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. Active listening was provided as the client reported several situations in which his/her peers have encouraged addictive behavior.
D. The client was helped to identify a pattern of his/her peers encouraging addictive behavior.
E. The client denied any pattern of peer encouragement of addictive behavior, and was urged to monitor this dynamic.

5. List Criminal Activity Prompted by Peer Group (5)

A. The client was assigned to list five times when his/her peer group has led him/her into criminal activity.
B. Active listening was provided as the client identified several situations in which his/her peer group has led him/her into criminal activity.
C. The client was supported as he/she acknowledged a consistent pattern of his/her peer group leading him/her into criminal activity.
D. The client denied any pattern of his/her peer group leading him/her into criminal activity, and was provided with tentative examples of how this occurs.

6. Reinforce and Empathize Regarding Changing Peer Group (6)

A. The client verbalized an intent to break ties with his/her current peer group, and empathy was provided for the stress of this process.
B. The client was assigned "What Do Others See Changing?" in the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was reinforced about his/her decision to break ties with his/her current peer group.
D. The client indicated an increased desire to change his/her peer group as he/she experienced empathy regarding the difficulty in leaving addicted friends behind and making new friends.
E. The client reported that he/she successfully left addicted friends behind and made new friends; this success was reinforced.
F. The client has refused to develop new friendships and intends to return to old, unhealthy relationships. This was processed within the session.

7. Grieve the Loss of the Old Peer Group and Develop New Friends (7)

A. The client was assisted in grieving the loss of the former peer group.
B. Active listening was provided as the client identified many of his/her feelings regarding changes in his/her peer group.
C. The client's plans to develop new friends within recovery were reinforced.
D. The client's newly developed friendships within recovery were reviewed.
E. The client has not developed new friendships within the recovery program, and was re-directed to do so.

8. Teach about a Risk of Relapse (8)

A. The client was assisted in identifying reasons why continuing to associate with the current peer group increases the risk for relapse.
B. The client identified several reasons why continuing to associate with the current peer group increases the risk for relapse; this insight was reinforced.
C. The client rejected the idea that his/her current peer group increased the risk for relapse, and was urged to monitor this dynamic.

9. List Consequences of Continued Ties to Peer Group (9)

A. The client was asked to list the negative consequences associated with continuing the ties to the negative peer group.
B. Active listening was provided as the client identified specific examples of how continuing contact with the negative peer group would lead to negative consequences.
C. The client denied or minimized any negative consequences for continued association with the negative peer group, and was provided with tentative examples in this area.

10. Assign Step Two Exercise Regarding Negativity and *Insanity* (10)

A. The client was assisted, through use of a 12-step program's Step Two exercise, in seeing how peer group negativity and addiction meet the 12-step program's definition of *insane.*
B. The client was asked to identify his/her experiences of *insane* or *irrational* peer group negativity and how this concept applies to him/her.
C. The client was assigned the Step Two exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).

D. The client has completed the Step Two exercise and his//her insights in this area were reviewed.
E. The client has not completed the Step Two exercise and the reasons for this resistance were processed.
F. The client endorsed the idea that his/her peer group negativity meets the concept of *insanity;* this insight was reinforced.
G. The client rejected the concept of *insanity* and how his/her peer group activity may be irrational, and was asked to monitor this dynamic.

11. Teach about a Higher Power (11)

A. The client was presented with information about how faith in a higher power can restore the client to sanity.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about the concept of a higher power and how a higher power can restore him/her to sanity.
D. The client rejected the concept of a higher power, and was encouraged to remain open to this concept.

12. Identify Assistance from a Higher Power (12)

A. The client was asked to identify ways that a higher power can assist him/her.
B. Specific ways in which a higher power can be helpful to the client were processed.
C. The client reported specific steps that he/she is taking to turn specific issues over to a higher power, and was reinforced for this progress.
D. The client rejected the idea that a higher power can assist him/her, and was provided with specific examples (e.g., by sending power to resist temptation, by imparting spiritual direction, by giving a feeling of acceptance).

13. Assign a Step Three Exercise (13)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day and recording the experiences in a journal.
C. The client was assigned the Step Three exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client's experience of turning problems over to his/her higher power was processed within the session.
E. A decrease in the client's addictive behavior has been noted since he/she has turned peer group negativity problems over to a higher power each day.
F. The client struggled with the concept and implementation of turning his/her problems over to a higher power, and was provided with remedial feedback in this area.

14. Teach about the Need for Honesty and Obeying the Law (14)

A. The client was asked to list the positive effects for others when he/she is honest and obeys the law.

B. The client was asked to list the positive effects for himself/herself when he/she is honest and obeys the law.
C. The client's reasons why rigorous honesty and obeying the law is essential to working on a program of recovery were processed.
D. The client reported that he/she has been routinely engaging in rigorous honesty and has been obeying the law as a portion of his/her program of recovery; this progress was highlighted.
E. The client has not accepted the necessity for rigorous honesty and adherence to laws, and was redirected in this area.

15. Assign a Written Plan to Increase Social Contact (15)

A. The client was assigned to write a specific plan about his/her intentions to increase social contact with a new peer group that is positive toward recovery.
B. The client has made a written plan about increasing social contact with a positive peer group, and this plan was processed within the session.
C. The client reported that he/she has implemented his/her plan to increase social contact with a new peer group that is positive toward recovery; his/her experience was processed.
D. The client has struggled to implement his/her plan for a new peer group, and these problems were processed within the session.
E. The client has not made his/her written plan for increasing social contact with a new peer group that is positive toward recovery, and was redirected to do so.

16. Encourage Recovery Group Socializing (16)

A. The client was encouraged to stay for coffee and conversation after each 12-step recovery group meeting, in order to increase social skills and make new, positive friends.
B. The client was reinforced as he/she endorsed the idea of using conversation and coffee time after 12-step recovery group meetings to make new, positive friends.
C. The client reported staying after 12-step recovery group meetings for coffee and conversation, and this was noted to be helpful to develop social skills and make new, positive friends.
D. The client has been reluctant to practice social skills after 12-step recovery group meetings, and was redirected to do so.

17. Assign a Fourth-Step Exercise (17)

A. Using a 12-step recovery program's Step Four inventory, the client was assigned to write an autobiography detailing the exact nature of his/her wrongs and how these relate to the negative peer group and to addictive behavior.
B. The client completed the fourth-step inventory, and was encouraged to share this with a clergy person or someone else in recovery.
C. The client has shared his/her fourth-step inventory; as this was processed, he/she reported finding this helpful.
D. The client has not completed his/her fourth-step inventory, and was redirected to do so.

18. Practice Refusal in High-Risk Situations (18)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, how to refuse to engage in high-risk situations for relapse (e.g., negative emotions, social pressure, interpersonal conflicts, strong positive emotions, testing personal control).

B. The client was assisted in practicing the refusal of addictive behaviors in high-risk situations within the session.
C. The client was strongly reinforced as he/she reported an ongoing ability to refuse addictive behaviors in high-risk situations.
D. The client continues to struggle with refusing addictive behaviors in high-risk situations, and his/her failures were problem-solved.

19. Review Refusal Skills (19)

A. The client's implementation of refusal skills in high-risk situations was reviewed.
B. The client's pattern of success in refusing addictive behavior in high-risk situations was reinforced.
C. The client was redirected for situations in which he/she has failed to use helpful refusal skills in high-risk situations.

20. Develop a Relationship with a 12-Step Sponsor (20)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. The client was reinforced as he/she agreed with the need to use a sponsor within the 12-step community.
C. The client was assisted in developing a relationship with a temporary sponsor.
D. The client has not pursued involvement with a sponsor from the 12-step community, and was redirected to do so.

21. List of Positive and Negative Peers (21)

A. The client was assisted in making a list of all peers who are positive toward his/her recovery.
B. The client was assisted in making a list of all peers who are negative toward his/her recovery.
C. A review of the client's positive and negative peers has prompted his/her greater understanding of his/her peer group dynamics.
D. The client was assigned "Personal Recovery Planning" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
E. The client has not developed a list of peers who are positive or negative, and was redirected to do so.

22. Plan Coping Response for Unsupportive Peers (22)

A. The client was assisted in planning how to avoid peers who are unsupportive or critical of his/her recovery efforts.
B. The client was assisted in developing coping skills for dealing with peers who are unsupportive or critical of his/her recovery efforts.
C. The client was reinforced for developing helpful skills on how to avoid or cope with peers who are unsupportive or critical of his/her recovery efforts.
D. The client struggled to identify helpful techniques to avoid or cope with peers who are unsupportive or critical of his/her recovery efforts, and was provided with tentative examples in this area.

23. Assign Family List of Peers to Avoid (23)

A. Within a family session, family members indicated which peers they believe need to be avoided in recovery and why.
B. The client was noted to display an understanding of the need to avoid peers identified by his/her family members.
C. The client was reinforced as he/she has implemented a pattern of avoiding peers whom family members indicated should be avoided.
D. The client rejected the expectation that he/she should avoid the peers that the family members have identified; he/she was urged to find the family's wisdom in this area.

24. Teach Family the Peer Group Negativity/Addiction Connection (24)

A. A family session was held to educate the family and significant others regarding the connection between the client's peer group negativity and his/her addiction problems.
B. A list was presented detailing the steps that the client must take to recover successfully.
C. Family members were reinforced as they expressed their positive support and a more accurate understanding of his/her peer group negativity and substance abuse problems.
D. Family members were not understanding nor willing to provide support to the client, despite increasing understanding of his/her peer group negativity patterns and addiction problems; they were urged to monitor the client's progress in recovery.

25. Engage Family Members in Recovery (25)

A. A family session was held to discuss how family members can assist in the client's aftercare to maximize his/her recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting him/her in recovery.
C. Family members indicated ongoing emotional displeasure with the client and did not indicate support for his/her recovery; they were urged to monitor the client's progress in recovery.

26. Re-administer Psychological Instruments (26)

A. The outcome of treatment was assessed via the re-administration of objective tests of identification with the values of a negative peer group.
B. The client produced treatment outcome test scores indicating improvement on the level of identification with the values of the negative peer group; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on the level of identification with the values of the negative peer group; these results were presented to the client.

27. Assess Satisfaction (27)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

POSTTRAUMATIC STRESS DISORDER (PTSD)

CLIENT PRESENTATION

1. Exposure to Death or Injury to Others (1)*

A. The client has a history of having been exposed to the death or serious injury of others that resulted in feelings of intense fear, helplessness, or horror.
B. The client's severe emotional response of fear has somewhat diminished.
C. The client can now recall being a witness to the traumatic incident without experiencing the intense emotional response of fear, helplessness, or horror.

2. Exposure to Threatened Death or Injury to Self (1)

A. The client has been a victim of a threat of death or serious injury to himself/herself that has resulted in an intense emotional response of fear, helplessness, or horror.
B. The client's intense emotional response to the traumatic event has somewhat diminished.
C. The client can now recall the traumatic event of being threatened with death or serious injury without an intense emotional response.

3. Intrusive Thoughts (2)

A. The client described experiencing intrusive, distressing thoughts, memories, or images that recall the traumatic event and its associated intense emotional response.
B. The client reported experiencing less difficulty with intrusive, distressing thoughts of the traumatic event.
C. The client reported no longer experiencing intrusive, distressing thoughts of the traumatic event.

4. Disturbing Dreams (2)

A. The client described disturbing dreams that he/she experiences and are associated with the traumatic event.
B. The frequency and intensity of the disturbing dreams associated with the traumatic event have decreased.
C. The client reported no longer experiencing disturbing dreams associated with the traumatic event.

5. Flashbacks (3)

A. The client reported experiencing illusions or flashbacks of the traumatic event.
B. The frequency and intensity of the client's flashback experiences have diminished.
C. The client reported no longer experiencing flashbacks of the traumatic event.

6. Distressful Reminders (4)

A. The client experiences intense distress when exposed to reminders of the traumatic event.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client reported having been exposed to some reminders of the traumatic event without experiencing overwhelming distress.
C. The client reports no longer experiencing intense distress when exposed to reminders of the traumatic event.

7. Physiological Reactivity (4)

A. The client experiences physiological reactivity associated with fear and anger when he/she is exposed to the internal or external cues that symbolize the traumatic event.
B. The client's physiological reactivity has diminished when he/she is exposed to internal or external cues of the traumatic event.
C. The client reported no longer experiencing physiological reactivity when he/she is exposed to internal or external cues of the traumatic event.

8. Avoidance of Activities, Places, or People (5)

A. The client reported a pattern of avoidance of activities, places, or people associated with the traumatic event because he/she is fearful of the negative emotions that may be triggered.
B. The client is able to tolerate contact with people, places, or activities associated with the traumatic event without feeling overwhelmed.

9. Avoidance of Feelings, Thoughts, or Conversations about Trauma (6)

A. The client described trying to avoid thinking, feeling, or talking about the traumatic event because of the associated negative emotional response.
B. The client is making less effort to avoid thoughts, feelings, or conversations about the traumatic event.
C. The client reported that he/she is now able to talk or think about the traumatic event without feeling overwhelmed with negative emotions.

10. Blocked Recall (7)

A. The client stated that he/she has an inability to recall some important aspect of the traumatic event.
B. The client's amnesia regarding some important aspects of the traumatic event has begun to lessen.
C. The client can now recall almost all of the important aspects of the traumatic event as his/her amnesia has terminated.

11. Dissociation (7)

A. The client reports incidences of dissociation (e.g., depersonalization, derealization) during which reality testing remains intact.
B. The dissociation experiences occur primarily in relation to memories of the trauma.
C. As the client has learned coping mechanisms for his/her experience of the traumatic event, the dissociation experiences have diminished.
D. The client reports no recent experiences of dissociation.

12. Sleep Disturbance (8)

A. Since the traumatic event occurred, the client has experienced a desire to sleep much more than normal.

B. Since the traumatic event occurred, the client has found it very difficult to initiate and maintain sleep.
C. Since the traumatic event occurred, the client has had a fear of sleeping.
D. The client's sleep disturbance has terminated, and he/she has returned to a normal sleep pattern.

13. Irritability (8)

A. The client described a pattern of irritability that was not present before the traumatic event occurred.
B. The client reported incidents of becoming angry and losing his/her temper easily, resulting in explosive outbursts.
C. The client's irritability has diminished somewhat, and the intensity of the explosive outbursts has lessened.
D. The client reported no recent incidents of explosive, angry outbursts.

14. Difficulty Concentrating (8)

A. The client described a pattern of difficulty concentrating that began with the exposure to the traumatic event.
B. The client reported that he/she is now able to focus more clearly on cognitive processing.
C. The client's ability to concentrate has returned to a normal level.

15. Hypervigilance (8)

A. The client described a pattern of hypervigilance.
B. The client's hypervigilant pattern has diminished.
C. The client reported no longer experiencing hypervigilance.

16. Exaggerated Startle Response (8)

A. The client described having experienced an exaggerated startle response.
B. The client's exaggerated startle response has diminished.
C. The client no longer experiences an exaggerated startle response.

17. Violent Threats or Behavior (9)

A. The client described having engaged in verbally violent threats since experiencing the traumatic event.
B. The client's irritability has been magnified into physically violent behavior.
C. As the client has worked through the emotions associated with the traumatic event, his/her verbal and physical violence have diminished.
D. The client reported having no recent experiences with verbal or physical violence or threats of violence.

18. Interpersonal Conflicts (10)

A. The client described a pattern of interpersonal conflict, especially regarding intimate relationships.
B. The client described a pattern of interpersonal conflict focused on authority and/or coworker conflicts.

C. As the client has worked through the traumatic event, there has been less conflict within relationships.
D. The client and his/her partner reported increased communication and satisfaction with the interpersonal relationship.

19. Addictive Behavior as an Escape (11)

A. Since the traumatic experience, the client has engaged in a pattern of addictive behavior as a maladaptive coping mechanism.
B. The client's addictive behavior has diminished as he/she has worked through the traumatic event.
C. The client reported no longer engaging in addictive behaviors.

INTERVENTIONS IMPLEMENTED

1. Develop Trust (1)*

A. Today's clinical contact focused on building the level of trust with the client through consistent eye contact, active listening, unconditional positive regard, and warm acceptance.
B. Empathy and support were provided for the client's expression of thoughts and feelings during today's clinical contact.
C. The client was provided with support and feedback as he/she described his/her maladaptive pattern of anxiety.
D. As the client has remained mistrustful and reluctant to share his/her underlying thoughts and feelings, he/she was provided with additional reassurance.
E. The client verbally recognized that he/she has difficulty establishing trust because he/she has often felt let down by others in the past, and he/she was accepted for this insight.

2. Assess Nature of Anxiety Symptoms (2)

A. The client was asked about the frequency, intensity, duration, and history of his/her anxiety symptoms, fear, and avoidance.
B. The Anxiety Disorder's Interview Schedule for *DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's anxiety symptoms.
C. The assessment of the client's anxiety symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.
D. The assessment of the client's anxiety symptoms indicate that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's anxiety symptoms indicate that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's anxiety symptoms were reviewed with the client.

3. Refer/Conduct Psychological Testing (3)

A. Psychological testing was administered to assess for the presence and strength of the PTSD symptoms.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The psychological testing confirmed the presence of significant PTSD symptoms.
C. The psychological testing confirmed mild PTSD symptoms.
D. The psychological testing revealed that there are no significant PTSD symptoms present.
E. The results of the psychological testing were presented to the client.

4. Explore Facts of Traumatic Event (4)

A. The client was gently encouraged to tell the entire story of the traumatic event.
B. The client was given the opportunity to share what he/she recalls about the traumatic event.
C. Today's therapy session explored the sequence of events before, during, and after the traumatic event.

5. Assess Depression (5)

A. The depth of the client's depression and his/her suicide potential were assessed.
B. Since the client has significant depression and verbalizes suicidal urges, steps were taken to provide more intense treatment and constant supervision.
C. The client's depression was not noted to be particularly serious and he/she has denied any current suicidal ideation.

6. List When Posttraumatic Stress Has Led to Addictive Behavior (6)

A. The client was assigned to list times when posttraumatic stress has led to addictive behaviors.
B. The client was assigned "Coping with Addiction and PTSD or Other Anxiety Disorders" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was helped to identify times in which his/her posttraumatic stress symptoms have led to addictive behavior.
D. The client has not developed a list of situations in which posttraumatic stress has led to addictive behavior, and was redirected to do so.

7. Teach about Recovery Group Involvement (7)

A. The client was taught about how active involvement in a recovery group is a way to cope with posttraumatic stress symptoms.
B. The client was referred to an appropriate recovery group.
C. The client described involvement in an active recovery group.
D. The client reported that he/she has not followed through with involvement in the recovery group, and was redirected to do so.

8. Refer for Medication Evaluation (8)

A. The client was referred for a medication evaluation to help stabilize his/her moods and decrease the intensity of his/her feelings.
B. The client was reinforced as he/she agreed to follow through with the medication evaluation.
C. The client was strongly opposed to being placed on medication to help stabilize his/her moods and reduce emotional distress; his/her objections were processed.

9. Monitor Effects of Medication (9)

A. The client's response to the medication was discussed in today's therapy session.

B. The client reported that the medication has helped to stabilize his/her moods and decrease the intensity of his/her feelings; he/she was directed to share this information with the prescribing clinician.
C. The client reports little to no improvement in his/her moods or anger control since being placed on the medication; he/she was directed to share this information with the prescribing clinician.
D. The client was reinforced for consistently taking the medication as prescribed.
E. The client has failed to comply with taking the medication as prescribed; he/she was encouraged to take the medication as prescribed.

10. Discuss PTSD Symptoms (10)

A. A discussion was held about how PTSD results from exposure to trauma and results in intrusive recollections, unwarranted fears, anxiety, and a vulnerability to other negative emotions.
B. The client was provided with specific examples of how PTSD symptoms occur and affect individuals.
C. The client displayed a clear understanding of the dynamics of PTSD and was provided with positive feedback.
D. The client has struggled to understand the dynamics of PTSD and was provided with remedial feedback in this area.

11. Assign Reading on Anxiety (11)

A. The client was assigned to read psychoeducational chapters of books or treatment manuals on PTSD.
B. The client was assigned information from *Coping with Trauma* (Allen).
C. The client has read the assigned information on PTSD and key points were reviewed.
D. The client has not read the assigned information on PTSD and was redirected to do so.

12. Discuss Treatment Rationale (12)

A. The client was taught about the overall rationale behind treatment of PTSD.
B. The client was assisted in identifying the appropriate goals for PTSD treatment.
C. The client was taught about coping skills, cognitive restructuring, and exposure techniques.
D. The client was taught about techniques that will help to build confidence, desensitize and overcome fears, and see one's self, others, and the world in a less fearful and/or depressing manner.
E. The client was reinforced for his/her clear understanding of the rationale for treatment of PTSD.
F. The client struggled to understand the rationale behind the treatment for PTSD and was provided with additional feedback in this area.

13. Assign Written Information on PTSD (13)

A. The client was assigned to read about stress inoculation, cognitive restructuring, and/or exposure-based therapy in chapters of books or treatment manuals on PTSD.
B. The client was assigned specific chapters from *Reclaiming Your Life after Rape* (Rothbaum and Foa).

C. The client was assigned specific chapters from *Feeling Good: The New Mood Therapy* (Burns).
D. The client has read the assigned information on PTSD; key concepts were reviewed.
E. The client has not read the assigned information on PTSD and was redirected to do so.

14. Teach Stress Inoculation Training (14)

A. The client was taught strategies from stress inoculation training, such as relaxation, breathing, covert modeling, and role-play.
B. The client was taught stress inoculation techniques for managing fears until a sense of mastery is evident from *A Clinical Handbook for Treating PTSD* (Meichenbaum).
C. The client was assisted in practicing stress inoculation training techniques.
D. The client displayed a clear understanding of the use of stress inoculation training.
E. The client has not displayed a clear understanding of the stress inoculation training techniques and was provided with additional feedback in this area.

15. Assign Reading about PTSD (15)

A. The client was assigned to read about calming and coping strategies in books or treatment manuals on PTSD.
B. The client was assigned *I Can't Get Over It* (Matsakis).
C. The client was assigned "Safe and Peaceful Meditation" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client has read the assigned materials on PTSD, and salient issues were identified and processed.
E. The client has not read the assigned material on PTSD and was redirected to do so.

16. Identify Distorted Thoughts (16)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate PTSD responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her PTSD responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was provided with tentative examples in this area.

17. Assign Cognitive Restructuring Reading (17)

A. The client was assigned to read about cognitive restructuring in books or treatment manuals on social anxiety.
B. The client was assigned to read *Reclaiming Your Life after Rape* (Rothbaum and Foa).
C. The client has read the assigned material on cognitive restructuring, and important issues were identified and processed.
D. The client has not read the assigned materials on cognitive restructuring and was redirected to do so.

18. Assign Self-Talk Homework (18)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The "Negative Thoughts Trigger Negative Feelings" exercise from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) was used to help the client develop healthy self-talk.
C. The client was directed to do homework exercises about self-talk and reality-based alternatives as described in *Reclaiming Your Life after Rape* (Rothbaum and Foa).
D. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with positive reinforcement for his/her success in this area.
E. The client has completed his/her homework related to self-talk and creating reality-based alternatives; he/she was provided with corrective feedback for his/her failure to identify and replace self-talk with reality-based alternatives.
F. The client has not attempted his/her homework related to fearful self-talk and reality-based alternatives and was redirected to do so.

19. Construct Anxiety Stimuli Hierarchy (19)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with two or three spheres of worry.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her anxiety remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at creating a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

20. Assign Homework on Exposures (21)

A. The client was assigned homework exercises to perform exposure to feared stimuli and record his/her experience.
B. The client was assigned situational exposures homework from "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was assigned situational exposures homework from *Posttraumatic Stress Disorder* (Resick and Calhoun).
D. The client's use of exposure techniques was reviewed and reinforced.
E. The client has struggled in his/her implementation of exposure techniques and was provided with corrective feedback.
F. The client has not attempted to use the exposure techniques and was redirected to do so.

21. Use Imaginal Exposure (21)

A. The client was asked to describe a traumatic experience at an increasing, but client-chosen, level of detail.
B. The client was asked to continue to describe his/her traumatic experience at his/her own chosen level of detail until the associated anxiety reduces and stabilizes.
C. The client was provided with recordings of the session and was asked to listen to it between sessions.
D. The client was directed to do imaginal exposures as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).

E. The client was reinforced for his/her progress in imaginal exposure.
F. The client was assisted in problem-solving obstacles to his/her imaginal exposure.

22. Assign Reading on Exposure (22)

A. The client was assigned to read about exposure in books or treatment manuals on PTSD.
B. The client was assigned *Reclaiming Your Life after Rape* (Rothbaum and Foa).
C. The client has read the assigned information on exposure, and his/her understanding of this information was processed.
D. The client has not read the assigned information on exposure, and was redirected to do so.

23. Teach Thought-Stopping (23)

A. The client was taught a thought-stopping technique.
B. The client was taught to internally voice the word STOP immediately upon noticing unwanted trauma or otherwise negative unwanted thoughts.
C. The client was taught to imagine something representing the concept of stopping (e.g., a stop sign or stoplight) immediately upon noticing unwanted trauma or otherwise negative unwanted thoughts.
D. The client was assisted in reviewing his/her use of thought-stopping techniques and was provided with positive feedback for his/her appropriate use of this technique.
E. Redirection was provided, as the client has not learned to use the thought-stopping technique.

24. Teach Self-Dialogue Procedure (24)

A. The client was taught self-dialogue procedures as described in *Posttraumatic Stress Disorder* (Resick and Calhoun).
B. The client was taught self-dialogue techniques to learn to recognize maladaptive self-talk, challenge its bias, cope with engendered feelings, overcome avoidance, and reinforce accomplishments.
C. The client was reinforced for his/her use of self-dialogue procedures.
D. The client has found significant obstacles to using self-dialogue procedures and was assisted in problem-solving these concerns.

25. Employ EMDR Technique (25)

A. The client was trained in the use of the eye movement desensitization and reprocessing (EMDR) technique to reduce his/her emotional reactivity to the traumatic event.
B. The client reported that the EMDR technique has been helpful in reducing his/her emotional reactivity to the traumatic event.
C. The client reported partial success with the use of the EMDR technique to reduce emotional distress.
D. The client reported little to no improvement with the use of the EMDR technique to decrease his/her emotional reactivity to the traumatic event.

26. Assess Anger Control (26)

A. A history of the client's anger control problems was taken in today's therapy session.
B. Active listening was used as the client shared instances in which poor control of his/her anger resulted in verbal threats of violence, actual harm or injury to others, or destruction of property.

C. The client identified events or situations that frequently trigger a loss of control of his/her anger and was helped to see his/her patterns.
D. The client was asked to identify the common targets of his/her anger to help gain greater insight into the factors contributing to his/her lack of control.
E. Today's therapy session helped the client realize how his/her anger control problems are often associated with underlying, painful emotions about the traumatic event.
F. The client was quite guarded about his/her anger control problems and was urged to be more open in this area.

27. Teach Anger Management Techniques (27)

A. The client was taught meditational and self-control strategies to help improve his/her anger control.
B. The client was taught guided imagery and relaxation techniques to help improve his/her anger control.
C. Role-playing and modeling techniques were used to demonstrate effective ways to control anger.
D. The client was strongly encouraged to express his/her anger through controlled, respectful verbalizations and healthy physical outlets.
E. A reward system was designed to reinforce the client for demonstrating good anger control.

28. Teach Stress Management Skills (28)

A. Today's session focused on teaching the client stress management skills to reduce the level of anxiety and increase his/her sense of mastery over the environment.
B. The client was taught about specific stress management skills (e.g., relaxation exercises, physical exercises, talking about problems, going to meetings, getting a sponsor).
C. The client was reinforced as he/she reported an increase in the use of stress management skills.
D. The client has struggled to use his/her stress management skills, and was redirected to do so.

29. Encourage Physical Exercise (29)

A. The client was assisted in developing a physical exercise routine as a means of coping with stress and developing an improved sense of well-being.
B. The client was reinforced for following through on implementing a regular exercise regimen as a stress release technique.
C. The client has failed to consistently implement a physical exercise routine and was encouraged to do so.

30. Recommend Exercising Your Way to Better Mental Health (30)

A. The book *Exercising Your Way to Better Mental Health* (Leith) was recommended to the client as a means of encouraging physical exercise.
B. The client has followed through with reading the book on exercise and mental health; the key points of this material were reviewed.
C. The client was assisted in implementing a consistent exercise regimen.
D. The client has not followed through with reading the book on exercise nor has he/she implemented a regular physical exercise regimen.

31. Teach Relaxation Techniques (31)

A. The client was taught, through progressive relaxation, biofeedback, or hypnosis, about relaxation techniques.
B. The client was assigned to relax twice a day for 10 to 20 minutes.
C. The client reported regular use of relaxation techniques, which has been noted to lead to decreased anxiety and decreased urges to abuse substances.
D. The client has not implemented the relaxation techniques, and continues to feel quite stressed when recalling the past traumatic incidents; he/she was redirected to use these techniques.

32. Monitor Sleep Patterns (32)

A. The client was encouraged to keep a record of how much sleep he/she gets every night.
B. The client was trained in the use of relaxation techniques to help induce sleep.
C. The client was trained in the use of positive imagery to help induce sleep.
D. The client was referred to a physician for a medical evaluation to determine whether medication is needed to help him/her sleep.
E. The client's increase in his/her sleep was emphasized as a success.
F. The client continues to struggle with a poor sleep pattern, and was provided with additional feedback.

33. Teach about a Higher Power (33)

A. The client was presented with information about how faith in a higher power can aid in recovery from PTSD and addiction concerns.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to turn his/her will and life over to the care of a higher power of his/her own understanding.
D. The client described a sense of relief and empowerment by turning his/her anxiety, addiction, will, and life over to the care of a higher power; this progress was reinforced.
E. The client rejected the idea of a higher power as a way to resolve addiction, posttraumatic stress, and other unmanageable problems; he/she was urged to remain open to this concept.

34. Use Step Three (34)

A. The client was taught about a 12-step program's third step, focusing on how to turn over problems, worries, and anxieties to a higher power.
B. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
C. The client participated in turning problems, worries, and PTSD symptoms over to a higher power, and he/she is noted to be trusting that the higher power is going to help him/her resolve the situation.
D. The client has kept a journal of turning problems over to a higher power, and this was processed within the session.
E. The client rejected the idea of turning his/her problems, worries, and PTSD symptoms over to a higher power, and he/she does not feel that this will be helpful to resolving these issues; he/she was provided with examples of how others have been helped by this technique.

35. Develop a Personal Recovery Plan (35)

A. The client was assisted in developing a personal recovery plan that will support his/her recovery from posttraumatic stress issues, including his/her regular attendance at recovery group meetings, getting a sponsor, taking medications as directed, and follow-up visits with a therapist or doctor.

B. A review was conducted of the client's components of a personal recovery plan that will support his/her sobriety (e.g., self-help groups, a sponsor, family activities, counseling with a specific psychotherapist).

C. The client was reinforced as he/she described active pursuit of the elements of his/her aftercare plan.

D. The client has not followed through on his/her aftercare plan, and was redirected to do so.

36. List Reasons for a Recovery Plan (36)

A. The client was assigned the task of listing reasons why he/she should faithfully adhere to a recovery plan.

B. The client was helped to identify a variety of reasons why he/she should faithfully adhere to a recovery plan.

C. The client identified that he/she has been regularly using his/her recovery plan, which has been noted to help to decrease his/her PTSD and addiction symptoms.

D. The client has not identified reasons why he/she should faithfully adhere to a recovery plan, and was redirected to do so.

37. Teach Family the Connection between PTSD and Addiction (37)

A. A family session was held to educate the family and significant others regarding the connection between the client's PTSD and addiction problems.

B. Family members were reinforced as they expressed their positive support of the client and a more accurate understanding of his/her PTSD and substance abuse problems.

C. Family members were not understanding nor willing to provide support to the client, despite increased understanding of the client's PTSD and addiction problems, and were requested to monitor his/her recovery.

38. Direct Family Members to List Support for Recovery (38)

A. Family members were assisted in identifying ways in which they could be supportive of the client's sobriety.

B. A family session was held to facilitate communication of techniques that the family can use to assist in the client's recovery.

C. The client reported family members assisting significantly in encouragement and other techniques to help him/her to recover from PTSD and addiction; this progress was highlighted.

D. The client's significant others were strongly encouraged to attend Al-Anon meetings on a regular basis to help support his/her recovery.

39. Re-administer Psychological Instruments (39)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of PTSD symptoms.

B. The client produced treatment outcome test scores indicating improvement on PTSD symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on PTSD symptoms, and these results were presented to the client.

40. Assess Satisfaction (40)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PSYCHOSIS

CLIENT PRESENTATION

1. Bizarre Thought Content (1)*

A. The client demonstrated delusional thought content.
B. The client has experienced persecutory delusions.
C. The client's delusional thoughts have diminished in frequency and intensity.
D. The client no longer experiences delusional thoughts.

2. Illogical Thoughts/Speech (2)

A. The client's speech and thought patterns are incoherent and illogical.
B. The client demonstrated loose associations of ideas and vague speech.
C. The client's illogical thoughts and speech have become less frequent.
D. The client no longer gives evidence of illogical form of thought and speech.

3. Perception Disturbance (3)

A. The client has experienced auditory hallucinations.
B. The client has experienced visual hallucinations.
C. The client's hallucinations have diminished in frequency.
D. The client reported no longer experiencing hallucinations.

4. Disturbed Affect (4)

A. The client presented with a blunt affect.
B. The client gave evidence of a lack of affect.
C. At times the client's affect was inappropriate for the context of the situation.
D. The client's affect has become more appropriate and energized.

5. Lost Sense of Self (5)

A. The client has experienced a loss of ego boundaries and has a lack of personal identity.
B. The client demonstrated confusion and lack of orientation as to his/her own person.
C. The client has experienced less confusion and a better orientation as to his/her own person.
D. The client no longer displays evidence of confusion or lack of orientation as to his/her own person.

6. Volition Diminished (6)

A. The client gave evidence of inadequate interest, drive, or ability to follow a course of action to its logical conclusion.
B. The client demonstrated pronounced ambivalence or cessation of goal-directed activity.
C. The client is able to consistently initiate constructive activity.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

7. Relationship Withdrawal (7)

A. The client has been withdrawn from the external world and has been preoccupied with egocentric ideas and fantasies.
B. The client has shown a slight improvement in his/her ability to demonstrate relationship skills.
C. The client has shown an interest in relating to others in a more appropriate manner.
D. The client displayed appropriate, healthy, and goal-directed relationship skills.

8. Psychomotor Abnormalities (8)

A. The client displayed a marked increase in reactivity with his/her environment.
B. The client demonstrated various catatonic patterns (e.g., stupor, rigidity, posturing, negativism, excitement).
C. The client gave evidence of unusual mannerisms or grimacing.
D. The client's psychomotor abnormalities have diminished, and his/her pattern of relating has become more typical and less alienating.

9. Inadequate Self-Care (9)

A. The client displayed an inadequate pattern of care for his/her own basic physical needs, as evidenced by strong body odor, disheveled hair, dirty clothing, and poor diet.
B. The client has failed to use basic hygiene techniques (e.g., bathing, brushing teeth, washing clothes, seeking proper medical attention).
C. The client has recently started to show improvement toward caring for his/her own basic physical needs.
D. The client has taken responsibility for adequately caring for his/her own basic physical needs.

10. Harm to Self/Others (10)

A. The client reported experiencing ongoing suicidal/homicidal ideation, but denied having any specific plan to implement these urges.
B. The client reported experiencing ongoing suicidal/homicidal ideation, and has developed a specific plan to implement these urges.
C. Although the client has acknowledged that he/she has developed a suicidal/homicidal plan, he/she indicated that the suicidal/homicidal urges are controllable and promised not to implement such a plan.
D. The client required admission to a supervised psychiatric facility for more intensive treatment due to his/her suicidal/homicidal urges.
E. The client reported no suicidal/homicidal urges.

11. Substance Abuse (11)

A. The client described a history of substance abuse on a frequent basis, which has exacerbated his/her psychotic symptoms.
B. Family members confirmed chronic substance abuse by the client.
C. The client acknowledged that his/her substance abuse has exacerbated his/her psychotic symptoms.

D. The client has committed himself/herself to a plan of abstinence from substances and participation in a recovery program.
E. The client has maintained total abstinence, which is confirmed by his/her family.

INTERVENTIONS IMPLEMENTED

1. Assess Psychosis History (1)*

A. A history of the client's illness was developed that revealed that his/her symptom pattern is chronic, with prodromal elements.
B. The client's psychosis was determined to be reactive and acute.
C. The historical information related to the client's illness was rather minimal, and the nature of the client's psychosis could not be assessed.

2. Explore Family History (2)

A. The client's family history was assessed for serious mental illness.
B. It has been confirmed that severe and persistent mental illness does exist within the client's extended family of origin.
C. There is no evidence of severe and persistent mental illness in the client's extended family of origin.
D. The client and significant others were not able to provide sufficient information to determine whether severe and persistent mental illness exists within the family of origin.

3. Evaluate Thought Disturbance Severity (3)

A. The severity of the client's thought disturbance was assessed.
B. The client was noted to display an ongoing pattern of disturbance of reality perception and frequent, intrusive, irrational thoughts.
C. The client was referred for inpatient care or other emergency service due to the severity of his/her thought disturbance.
D. The client's thought disturbance was assessed as mild and he/she demonstrated some capability to remain reality-based and to relate appropriately.

4. Rule Out General Medical Conditions (4)

A. The client was referred to a physician for a medical evaluation in order to rule out psychotic symptoms due to a general medical condition.
B. The client has complied with the evaluation by the physician, and the psychotic symptoms were identified as stemming from a general medical condition; the focus of treatment was turned toward resolving the client's medical concerns.
C. The client has been evaluated by a physician in order to rule out medical conditions that may be causing the psychosis, but no medical reason for the psychotic symptoms was identified.
D. The client has not followed through on the referral to the physician for a medical evaluation in order to rule out medical conditions for his/her psychosis, and was redirected to do so.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Obtain Neuropsychological Testing (5)

A. The client was referred for neuropsychological testing to assess symptoms consistent with the possible contribution of a general medical condition.
B. Neuropsychological testing was performed in order to identify the possible contribution of a general medical condition.
C. The client has been assessed with neuropsychological testing, but no general medical condition was identified.
D. The client has been identified as having a general medical concern that contributes to the psychosis and the focus of treatment has turned toward this general medical concern.
E. The client has not participated in the neurological assessment in order to identify the possible medical condition, and was redirected to do so.

6. Administer Assessment for Psychosis Symptoms (6)

A. The client was administered psychological instruments designed to objectively assess the strength of psychosis symptoms.
B. The Minnesota Multiphasic Personality Inventory–2nd Edition (MMPI–2) was administered to the client.
C. The Psychiatric Research Interview for Substance and Mental Disorders (PRISM) was administered to the client.
D. The client has completed the assessment of psychosis symptoms, and minimal traits were identified; these results were reported to the client.
E. The client has completed the assessment of psychosis symptoms, and significant traits were identified; these results were reported to the client.
F. The client refused to participate in the psychological assessment of psychosis symptoms, and the focus was turned toward this defensiveness.

7. Refer for Psychopharmacological Intervention (7)

A. A referral to a physician was made for the purpose of evaluation for a prescription of antipsychotic medications.
B. The client has followed through on a referral to a physician and has been assessed for a prescription of antipsychotic medication, but none was prescribed.
C. Antipsychotic medications have been prescribed for the client.
D. The physician has followed up on the medication ordered, titrated medication, and monitored for side effects.
E. The client has not followed up on the referral for antipsychotic medication, and he/she was redirected to do so.
F. The client has refused a prescription for psychotropic medications provided by the physician.

8. Investigate Sleep-Inducing Medications with the Physician (8)

A. The client's treating physician was consulted regarding the need for sleep-inducing medications to provide the client and his/her caregivers time to regroup relative to this current psychotic episode.

B. The treating physician has prescribed sleep-inducing medications that have helped the client to sleep, which has resulted in a more reality-based orientation.
C. Caregivers were supported for providing intensive support to the client subsequent to his/her being induced to sleep.
D. The treating physician has declined to use sleep-inducing medication.

9. Educate about Psychotropic Medications (9)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications and was provided with additional information and feedback regarding his/her medications.

10. Monitor Medications (10)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

11. Review Side Effects of Medications (11)

A. The possible side effects related to the client's medications were reviewed with the client.
B. The client identified significant side effects, and these were reported to the medical staff.
C. Possible side effects of the client's medications were reviewed, but he/she denied experiencing any side effects.

12. Assess Tardive Symptoms (12)

A. Arrangements were made for an assessment of the client's tardive symptoms.
B. Objective measurement of the client's tardive symptoms was performed by qualified personnel using a specific instrument [e.g., the Abnormal Involuntary Movement Scale (AIMS)].
C. The client displayed no evidence of tardive symptoms, and this was reflected to him/her.
D. The client displayed both subjective and objective evidence of tardive symptoms, and this was reported to the physician who prescribed the client's psychotropic medications.

13. Educate the Family about Symptoms of Mental Illness (13)

A. The client's family, friends, and caregivers were educated about the symptoms of mental illness, with specific emphasis on the non-volitional aspects of some symptoms.

B. The client's family members, friends, and caregivers were supported for their increased understanding about the symptoms of mental illness and the non-volitional aspects of some symptoms.
C. The client's family members, friends, and caregivers rejected the information regarding his/her symptoms of mental illness and the non-volitional aspects of some symptoms and were given additional feedback in this area.

14. Role-Play Response to Anger Outbursts (14)

A. Specific responses to the client's anger outbursts were role-played with his/her family members.
B. The client's family, friends, and caregivers were advised to focus on providing short, specific directions and to avoid arguing about reality.
C. The client's family, friends, and caregivers were reinforced for their understanding of assertive, safe, direct responses to his/her anger outbursts.
D. The client's family, friends, and caregivers remain confused about how to respond directly to his/her anger outbursts in an assertive, safe manner; further direction was provided to them.

15. Refer to a Family Psychoeducational Program (15)

A. The family was referred to a psychoeducational program to help demonstrate techniques to cope with the client's psychotic behaviors.
B. The client was referred to a multigroup family psychoeducational program to help learn and share about techniques to cope with the client's psychotic behaviors.
C. The family was engaged in the psychoeducational program and has identified ways in which they have learned to cope with the client's psychotic behaviors.
D. The client's family has not engaged in the psychoeducational program and was redirected to do so.

16. Identify Psychosis Triggers (16)

A. The client was asked to identify specific behaviors, situations, and feelings that occurred prior to decompensation or psychotic episodes.
B. The client identified specific behaviors, situations, and feelings that occurred prior to his/her decompensation, and these triggers were processed.
C. The client was unable to identify specific behaviors, situations, and feelings that have occurred prior to decompensation and was given suggestions in these areas.

17. Identify Symptom Maintenance Cycles (17)

A. The client was assisted in identifying emotional reactions that tend to maintain his/her symptoms.
B. The client was assisted in identifying how the effects of his/her psychotic symptoms may exacerbate those symptoms.
C. Examples were used to identify the self-reinforcing nature of some psychotic symptoms (e.g., withdrawal leading to isolation and loneliness; paranoid accusations leading to negative actions of others that falsely support the delusion).
D. The client was reinforced for his/her insight into the effects of his/her psychosis.

E. The client has not understood or accepted the effects of his/her psychotic symptoms, and was provided with remedial assistance in this area.

18. Assess Adaptive and Maladaptive Strategies (18)

A. The client was assessed for his/her adaptive and maladaptive strategies for coping with his/her psychotic symptoms.
B. Inquiries were made regarding how the client uses deficit strategies to cope with his/her psychotic symptoms.
C. The client was provided with feedback about his/her use of maladaptive and adaptive strategies for coping with his/her psychotic symptoms.

19. Use Cognitive-Behavioral Strategies (19)

A. Cognitive-behavioral strategies were used to help the client learn coping and compensation strategies for managing his/her psychotic symptoms.
B. The client was referred for cognitive-behavioral therapy to help the coping compensation strategies for managing his/her psychotic symptoms.
C. The client was asked to provide examples of the cognitive-behavioral strategies that he/she has learned in order to cope with his/her psychotic symptoms.
D. The client was reinforced for his/her use of cognitive-behavioral strategies.
E. The client has not used cognitive-behavioral strategies to cope with his/her psychotic symptoms and was redirected to do so.

20. Desensitize Fearfulness of Hallucinations (20)

A. The client was encouraged to talk about his/her hallucinations; their frequency, intensity, and meaning, in order to desensitize his/her level of fear.
B. The client was assigned "What Do You Hear and See?" from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma) to help him/her talk about his/her hallucinations.
C. As the client talked about his/her hallucinations, he/she was provided with support, encouragement, and empathy.
D. The client was reinforced for reporting a decreased sense of fear related to his/her hallucinations, now seeing them as simply a symptom.
E. The client continues to exhibit significant fear related to his/her hallucinations and was provided with additional support in this area.

21. Teach Coping and Compensation Strategies (21)

A. The client was taught coping and compensations strategies for managing his/her psychotic symptoms.
B. The client was taught self-calming techniques and attention switching/narrowing techniques to help manage his/her psychotic symptoms.
C. The client was taught healthy internal cognition techniques, such as realistic self-talk or realistic attribution of the source of the symptom in order to help manage his/her psychotic symptoms.
D. The client was taught to increase adaptive personal and social activity to help manage his/her psychotic symptoms.

E. The client was reinforced for his/her use of coping and compensation strategies.
F. The client has not used the coping and compensation strategies and was redirected to do so.

22. Teach/Refer for Communication and Social Skills (22)

A. The client was referred for an assertiveness-training group that will educate and facilitate assertiveness skills and other adaptive communication techniques.
B. Role-playing, modeling, and behavioral rehearsal were used to train the client in assertiveness, communication, and social skills.
C. The client has demonstrated a clearer understanding of important social skills and was provided with positive feedback in this area.
D. The client could not demonstrate a clear understanding of important social and communication skills and was provided with additional feedback in this area.

23. Practice New Skills In Session and Out (23)

A. The client was asked to practice new skills in reality testing, changing his/her maladaptive beliefs and managing his/her symptoms within the session.
B. The client was provided with homework assignments between sessions that focus on practicing his/her new skills, reality testing, changing maladaptive beliefs, and managing his/her symptoms.
C. The client was helped to process his/her maintenance exercises.
D. The client has not completed his/her maintenance exercises and was redirected to do so.

24. Identify Emotional Indicators of Stress (24)

A. The client was requested to identify three emotional indicators of stress and how they affect his/her functioning.
B. The client identified three emotional indicators of stress (e.g., anxiousness, uncertainty, and anger) as well as how they affect his/her functioning, and these indicators were processed.
C. The client failed to identify indicators of stress and how they affect his/her functioning and was provided with feedback in this area.

25. Identify Physical Indicators of Stress (25)

A. The client was asked to identify three physical indicators of stress and how they affect his/her functioning.
B. The client identified three physical indicators of stress (e.g., tense muscles, headaches, psychomotor agitation) and how they affect his/her functioning, and these indicators were processed.
C. The client failed to identify physical indicators of stress and was provided with additional feedback in this area.

26. Teach Stress Management Strategies (26)

A. The client was taught stress management strategies to help him/her decrease his/her overall subjective level of stress.
B. The client was taught relaxation techniques to help him/her manage his/her level of stress.
C. The client was taught positive self-talk, problem-solving, and communication skills to help him/her decrease his/her level of stress.

D. The client was taught lifestyle management considerations that may help to decrease his/her level of stress.
E. The client has implemented many stress management techniques, and the benefits of these techniques were reviewed and reinforced.
F. The client has not utilized many stress management techniques and was redirected to do so.

27. Refer to an Activity Therapist (27)

A. The client was referred to an activity therapist for recommendations regarding physical fitness activities that are available to help reduce his/her stress level.
B. The client was referred to community physical fitness resources (e.g., health clubs and other recreational programs).
C. The client has been actively participating in community physical fitness programs and was reinforced for this.
D. The client has declined involvement in community physical fitness programs and was redirected to do so.

28. Identify Decompensation (28)

A. The client was assisted in identifying symptoms that indicate that he/she is decompensating.
B. The client identified several symptoms of his/her decompensation, and these were reviewed.
C. The client has failed to identify symptoms of his/her decompensation and was provided with additional feedback in this area.

29. Train Support Network about Decompensation Indicators (29)

A. The client's support network was trained about the indicators of decompensation.
B. The client's support network was focused on when to take appropriate action to get professional services for him/her.
C. The client's support network has displayed an understanding of his/her decompensation indicators and the appropriate time to obtain professional services for him/her and was encouraged to use this information.
D. Members of the client's support network have displayed a poor understanding of decompensation and when to obtain professional services for him/her and were provided with additional feedback in this area.

30. Encourage Discontinuation of Substance Use (30)

A. The client was encouraged to decrease or to discontinue his/her substance use, including drugs, alcohol, nicotine, and caffeine.
B. The client was reinforced for decreasing his/her substance use.
C. The client was reinforced for discontinuing his/her substance use.
D. The client continues to use a variety of substances and was refocused on the need to discontinue his/her substance use.

31. Refer for Substance Abuse Treatment (31)

A. The client was evaluated regarding his/her use of substances, the severity of his/her substance abuse, and treatment needs/options.

B. The client was referred to a substance abuse program knowledgeable in the treatment of both substance abuse and severe and persistent mental illness.
C. The client was compliant with the substance abuse evaluation, and the results of the evaluation were discussed with him/her, resulting in admission to a substance abuse program.
D. The client declined to participate in the substance abuse evaluation or treatment and was encouraged to do so.

32. Teach Coping Skills to Caregivers (32)

A. Caregivers for the client were taught problem-solving and assertiveness skills, as well as respite care options to assist in meeting their own needs when they feel overly stressed by his/her psychosis.
B. Caregivers for the client have appropriately used problem-solving and assertiveness skills, as well as respite care to help meet their own needs when they feel overly stressed by his/her psychosis and were encouraged for this as a positive way to care for him/her.
C. Caregivers for the client have not used coping skills to help meet their own needs when they feel overly stressed by his/her psychosis and were redirected in this area.

33. Encourage Expression of Emotions Regarding Mental Illness (33)

A. The client was encouraged to express his/her feelings related to the acceptance of his/her mental illness.
B. The client was provided with positive support and empathy as he/she expressed his/her emotions related to his/her mental illness.
C. As the client has expressed his/her feelings, he/she reports a greater acceptance of his/her mental illness, and this was processed.
D. The client tends to deny and minimize his/her feelings related to the acceptance of his/her mental illness and was provided with additional feedback in this area.

34. Explain Psychosis (34)

A. The client was provided with information related to the psychotic process, its biochemical component, and its confusing effect on rational thought.
B. The client's questions regarding his/her psychotic process were answered.
C. As the client has gained a greater understanding of his/her psychotic process, he/she has been observed to be more at ease with his/her pattern of symptoms.
D. The client failed to understand the nature of his/her psychotic process and was provided with additional feedback in this area.

35. Refer to a Support Group (35)

A. The client was referred to a support group for individuals with severe and persistent mental illness.
B. The client has attended the support group for individuals with severe and persistent mental illness, and the benefits of this support group were reviewed.
C. The client reported that he/she has not experienced any positive benefit from the use of a support group but was encouraged to continue to attend.

D. The client has not used the support group for individuals with severe and persistent mental illness and was redirected to do so.

36. Demonstrate Acceptance (36)

A. The client was shown acceptance through a calm, nurturing manner, good eye contact, and active listening.
B. The client responded to calm acceptance by describing his/her psychotic symptoms.
C. The client remained agitated, tense, and preoccupied with his/her own internal stimuli, despite the acceptance demonstrated to him/her.

37. Provide Supportive Therapy (37)

A. The client was provided emotional and social support in an understanding and accepting atmosphere, in order to reduce his/her fears and feelings of alienation.
B. The client seemed to relax and feel less agitated within the environment of acceptance.
C. The client reported that as his/her fears and alienation have decreased, his/her thought process has become more clear; this success was reinforced.
D. Despite emotional and social support, the client continues to experience psychotic thought process.

38. Encourage Others' Social Interaction (38)

A. Family members and other important individuals around the client were encouraged to engage him/her in social interaction and give feedback as to the appropriateness of social skills.
B. Family members and other important individuals have engaged in social interaction with the client and have provided him/her with feedback as to the appropriateness of social skills; this assistance was reinforced.
C. The client reported an increased pattern of appropriate social skills based on the feedback provided by others; this progress was reinforced.
D. The client has been rejecting feedback from others, and has not modified his/her appropriateness of social skills; additional feedback was provided.

39. Reinforce Social Initiation (39)

A. The client was encouraged and reinforced for initiating social interactions that are typical and appropriate.
B. The client was noted to be more focused on starting socially acceptable interactions.
C. The client was reinforced as he/she has initiated friendly encounters with others.
D. The client's relationship withdrawal is diminishing, and his/her emotional and social responses are noted to be more appropriate.
E. The client has failed to initiate appropriate social interaction with others, and he/she was redirected to do so.

40. Prompt ADLs (40)

A. The client was prompted to complete activities of daily living (ADLs) to promote caring for his/her own basic needs.

B. The client was noted to display an increase in his/her pattern of completing ADLs.
C. The client was noted to display better personal hygiene and other evidence of completing of ADLs.
D. The client has not regularly completed ADLs, and he/she was redirected to do so.

41. Assign Daily Activities List (41)

A. The client was assigned the task of developing a daily list of activities that are planned to assist him/her in developing a more routine schedule.
B. The client developed a list of activities that are planned for the day, and when each activity will be utilized; the list was reviewed.
C. The client has utilized his/her list of daily activities that are planned, and reported a more routine schedule and decreased psychotic behaviors; this progress was reinforced.
D. The client has not utilized his/her list of daily planned activities, and he/she was redirected to do so.

42. Recommend Recreational Therapy (42)

A. The client was directed to attend recreational therapy activities that are nonthreatening, simple to master, and encourage a low level of social interaction.
B. The client reports involvement in recreational therapy activities.
C. As the client has become more involved in recreational therapy activity, his/her pattern of psychotic symptoms has decreased.
D. Role-playing and behavior rehearsal were used to give the client the opportunity to practice appropriate participation in recreational activities.
E. The client's appropriate involvement in recreational activities was verbally reinforced.
F. The client was gently confronted and redirected when he/she was not involved in appropriate participation in recreational activities.
G. The client has not participated in recreational therapy activities, and he/she was redirected to do so.

43. Provide Occupational Therapy Activities (43)

A. The client was provided with occupational therapy activities that help to divert him/her from internal cognitive focus and provide for structured social interaction and a sense of accomplishment on the completion of a task.
B. The client reported participation in occupational therapy.
C. The client reported that he/she has had less internal cognitive focus, better social interaction, and a sense of accomplishment due to the occupational therapy activities; this progress was reinforced.
D. The client has not participated in the occupational therapy activities, and he/she was redirected to do so.

44. Conduct Art Therapy (44)

A. The client was encouraged to participate in an art therapy group in order to express feelings through various art media.

B. The client described involvement in the art therapy group, and reported that this was beneficial.
C. The client has been involved in an art therapy group, but he/she does not see this as beneficial.
D. The client has avoided involvement in an art therapy group, and he/she was redirected to do so.

45. Encourage Sharing of Art Work (45)

A. The client was encouraged to share the meaning of his/her artwork.
B. The client was reinforced as he/she participated in a group discussion in which he/she shared the meaning of his/her artwork.
C. Active listening was provided as the client gave meaningful information about his/her artwork.
D. The client declined to share information or feedback about the meaning of his/her artwork, but was encouraged to do so when he/she felt safe.

46. Direct/Reinforce Regular Sleep Pattern (46)

A. The client was directed to go to bed at normal nighttime hours.
B. The client has displayed a regular sleep pattern; this progress was reinforced.
C. The client was reinforced for his/her compliance for sleeping at expected times.
D. The client continues to have an offset sleep pattern, and he/she was redirected to attempt sleep at the expected times.

47. Arrange Supervised Living (47)

A. Arrangements have been made for a supervised living situation, to monitor the client's medication compliance and ability to care for his/her own basic needs.
B. The client is strongly resistive to the placement in a supervised living situation, and commitment procedures have been initiated.
C. The client has voluntarily cooperated with being placed in a supervised living situation.

48. Re-administer Psychological Instruments (48)

A. The outcome of treatment was assessed via the re-administration of objective tests of the depth of psychosis symptoms.
B. The client produced treatment outcome test scores indicating improvement on psychosis symptoms; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on psychosis symptoms, and these results were presented to the client.

49. Assess Satisfaction (49)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

RELAPSE PRONENESS

CLIENT PRESENTATION

1. Multiple Relapses after Treatment (1)*

A. The client described multiple experiences of having received treatment for substance abuse followed by a return to mood-altering drug abuse.
B. The client has been unable to maintain sobriety after being released from substance abuse treatment or another protective setting.
C. The client reported that he/she was able to maintain sobriety for many months prior to relapsing.
D. The client reported being able to maintain a life free from mood-altering drugs for more than 2 years after having received substance abuse treatment.
E. The client reported that he/she feels confident that this latest establishment of a recovery plan will be successful.

2. Emotions Increase Risk (2)

A. The client identified a frequent pattern of emotional experiences that led to relapse and continued addiction.
B. The client displays emotional reactivity and has identified this as a risk factor for relapse.
C. As the client has gained control of his/her pattern of emotional reactivity, his/her relapse potential has decreased.

3. Friends/Family Are Substance Abusers (3)

A. The client identified many family members who engage in addictive behavior.
B. The client identified many of his/her friends who engage in addictive behavior.
C. The client reported that he/she often finds it difficult to resist his/her family/friends when they encourage his/her addictive behavior.
D. The client has developed skills to resist friends/family who encourage addictive behavior.

4. Interpersonal Conflicts (4)

A. The client identified a pattern of significant interpersonal conflicts.
B. The client's risk for relapse increases due to his/her pattern of frequent interpersonal conflicts.
C. As the client has begun to resolve interpersonal conflicts, his/her risk for relapse has decreased.

5. Social Pressure (5)

A. The client identified that as he/she experiences social anxiety, addictive behavior increases.
B. As the client has resolved his/her concerns related to social pressure, he/she has experienced a concomitant decrease in addictive behavior.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Incomplete Recovery Programs (6)

A. The client described short-term involvement in programs of recovery.
B. The client identified that his/her involvement in recovery programs has never been long enough to establish and maintain abstinence.
C. The client endorsed several risk factors related to his/her failure to maintain a recovery program.
D. The client committed to maintaining his/her recovery program long enough to establish and maintain significant abstinence.

7. Mental Illness (7)

A. The client displayed evidence of significant mental illness concerns.
B. The client has utilized substances to assist in the management of his/her mental illness symptoms.
C. The client's mental illness plays a substantial role in his/her risk for relapse.
D. The client has initiated proper treatment for both his/her mental illness concerns and substance abuse.
E. As the client's mental illness concerns have decreased, he/she has experienced a concomitant decrease in substance abuse.

8. Failed Sobriety Attempts without Treatment (8)

A. The client has had many attempts at sobriety without utilizing any specific treatment.
B. When the client has attempted sobriety without treatment, he/she has returned to relapse.
C. As the client has utilized structured addiction treatment, his/her attempts at sobriety have become more successful.

INTERVENTIONS IMPLEMENTED

1. Assign Chemical Use/Recovery/Relapse History (1)*

A. The client was assigned to write a chemical use history, describing his/her attempts at recovery and the situations surrounding relapse.
B. The client completed his/her chemical use history, and this information was processed within the session.
C. A review of the client's chemical use history revealed that he/she has had several attempts at recovery, and has many risk factors related to relapse.
D. The client displayed insight related to his/her pattern of recovery and relapse, and was reinforced for this.
E. The client has not completed his/her written chemical use history, and he/she was redirected to do so.

2. Administer Assessment for Relapse Concerns (2)

A. The client was administered psychological instruments designed to objectively assess addiction relapse.

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B. The Substance Abuse Relapse Assessment (SARA) was administered to the client.
C. The client has completed the assessment of addiction relapse traits, and minimal traits were identified; these results were reported to the client.
D. The client has completed the assessment of addiction relapse traits, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of addiction relapse traits, and the focus of treatment was turned toward this defensiveness.

3. Assign Step One Exercise for Addiction and Relapse (3)

A. A 12-step recovery program's Step One was utilized to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with his/her pattern of negative feelings.
B. The client displayed an understanding of powerlessness and unmanageability regarding his/her addiction and relapse pattern; this insight was reinforced.
C. The client was affirmed for endorsing the concept of his/her powerless and unmanageability that have resulted from his/her addiction and relapse pattern.
D. The client did not endorse the concept of his/her powerlessness and unmanageability that have resulted from his/her addiction and relapse, and he/she was confronted for this denial.

4. Recognize *Insanity*/Need for Higher Power (4)

A. Using a 12-step recovery program's Step Two exercise, the client was assisted in seeing the *insanity* of his/her disease.
B. The client was reinforced as he/she accepted his/her pattern of *insanity* relative to his/her pattern of addictive behavior.
C. The client rejected the idea of *insanity,* and was urged to remain open to this concept.
D. The client was taught about how a higher power can restore him/her to *sanity.*
E. The client was reinforced as he/she accepted the need for him/her to have a higher power restore him/her to *sanity.*
F. The client rejected the concept of a higher power restoring him/her to *sanity,* and was urged to remain open to this concept.

5. Develop Relapse Pattern (5)

A. The client was assisted in understanding contributors to his/her pattern of relapsing (e.g., failure to work a daily program of recovery, failure to go to meetings, poor coping skills for high-risk situations, mental illness, interpersonal conflicts, poor recovery environment).
B. The client was assisted in identifying contributors to his/her pattern of relapsing, which has increased his/her recovery behaviors and decreased addictive behaviors.
C. The client has difficulty understanding his/her pattern of relapse behaviors; tentative interpretations were provided.

6. Support Daily Recovery Program (6)

A. The client was assisted in understanding the need for a daily program of recovery to maintain abstinence.
B. The client was reinforced as he/she identified the necessity of working his/her daily program of recovery.

C. The client rejected the idea of working a daily program of recovery to maintain abstinence, and was redirected to this essential building block to recovery.

7. Develop Reasons for Recovery Failures (7)

A. Today's session focused on the client's relapse history and on helping him/her understand the reasons why his/her recovery program failed.
B. After a review of the client's relapse history, he/she was able to understand his/her pattern of failed recovery programs.
C. The client expressed insight into his/her recovery program needs, and was reinforced for this progress.
D. The client has struggled to identify and understand the reasons why his/her recovery programs have failed; tentative examples were provided.

8. Assign Step Three Exercise (8)

A. Today's session focused on teaching the client about the 12-step program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day, and to record the experiences in a journal.
C. The client's experiences of turning problems over to his/her higher power were processed within the session.
D. The client reports a decrease in addictive behavior since he/she began turning problems over to a higher power each day; this progress was highlighted.
E. The client has struggled with the concept and implementation of turning his/her problems over to a higher power, and was provided with remedial feedback in this area.

9. Teach about a Higher Power (9)

A. The client was presented with information about how faith in a higher power can aid in recovery from addictive behaviors.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about his/her higher power.
D. The client rejected the idea of a higher power, and was provided with specific examples of how others have used this to assist in recovery (e.g., attending religious activities, practicing regular prayer, meditation).

10. Probe about Discontinuation of 12-Step Meetings (10)

A. The client was probed about his/her pattern of discontinuing attendance at 12-step recovery program meetings.
B. The client acknowledged his/her pattern of discontinuing attendance at 12-step recovery program meetings, and this was explored for causes.
C. The client identified his/her causes for discontinuing 12-step recovery program meetings, and these were processed.
D. The client was reinforced for renewing his/her commitment to attending 12-step recovery program meetings.

11. Develop Recovery Meeting Reward Plan (11)

A. The client was assisted in developing a specific plan that will help to increase rewards obtained at recovery groups.
B. The client was assisted in identifying specific plans that will assist in increasing the rewards he/she obtains at recovery groups, including concentrating on helping others, going for coffee and dessert after the meeting, socializing, stick with the winners, and so forth.
C. The client was reinforced for utilizing his/her plan to increase his/her rewards obtained at recovery group meetings, and he/she reported increased motivation to attend meetings.
D. The client has not implemented his/her plan to increase rewards at recovery group meetings, and he/she was redirected to do so.

12. Develop Sponsor Relationship (12)

A. The client was assigned a 12-step recovery program contact person.
B. The client and his/her 12-step recovery group contact person have begun to attend recovery group meetings together; this change was reinforced.
C. The client and his/her sponsor were encouraged to make the outing fun rather than a boring obligation.
D. The client reports increased motivation to attend 12-step recovery group meetings; this progress was highlighted.
E. The client has not connected with his/her sponsor, and was encouraged to seek another sponsor.
F. The client has not increased his/her commitment to recovery group meetings, and he/she was confronted for this high-risk behavior.

13. Develop Abstinence Contract (13)

A. A review of the negative consequences of relapse was completed.
B. The client was assisted in developing an abstinence contract.
C. "Substance Abuse Negative Impact vs. Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma) was assigned to the client.
D. The client was assisted in working through his/her emotional reaction to the commitment to terminate the use of his/her drug.

14. Teach about High-Risk Situations (14)

A. The client was taught about high-risk situations (e.g., negative emotions, social pressure, interpersonal conflict, positive emotions, testing personal control).
B. The client was taught about how high-risk situations contribute to addictive behavior.
C. The client was assigned "Relapse Triggers" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was assigned the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
E. After being taught about risk factors, the client acknowledged his/her higher risk of addictive behavior related to strong negative emotions, social pressure, interpersonal conflict, positive emotions, and testing personal control.
F. The client rejected the connection between high-risk situations and his/her addictive behaviors; he/she was urged to monitor this dynamic.
G. The client has not completed the assignments provided, and was redirected to do so.

15. Identify Relapse Issues (15)

A. The client was assisted in understanding some of the dynamics behind his/her persistent relapse.
B. The client was asked to examine issues such as his/her failure to work a daily program of recovery, failure to go to meetings and a poor recovery environment.
C. The client was asked to examine concerns related to his/her poor coping skills for high-risk situations, mental illness concerns, and interpersonal problems.
D. The client was assigned "Identifying Relapse Triggers and Cues" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
E. The client has been able to gain greater understanding about his/her persistent pattern of relapse, and this progress was highlighted.
F. The client has failed to work on identifying relapse triggers and cues, and this resistance was processed.

16. Differentiate between Lapse and Relapse (16)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

17. Develop Written Plan of Coping Skills (17)

A. The client was assisted in identifying high-risk situations (i.e., negative emotions, social pressure, interpersonal conflict, strong positive emotions, tests of personal control).
B. The client was assisted in developing a written plan that details coping skills that will be used in a high-risk situations (e.g., go to a meeting, call a sponsor, call the 12-step recovery hotline, call the counselor, talk to someone).
C. The client was assigned "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client has developed his/her own list of coping skills for high-risk situations and these were processed.
E. The client has not developed a list of coping skills for high-risk situations and was redirected to do so.

18. Review Use of Coping Skills for High-Risk Situations (18)

A. The client was asked to identify situations in his/her daily life that necessitated the use of high-risk coping skills.
B. The client has regularly used his/her high-risk coping skills and was reinforced for this success.
C. The client has not used his/her coping skills in high-risk situations and was redirected for this failure.
D. The client was assisted in refining his/her use of high-risk coping skills.

19. Explore Schema and Self-Talk (19)

A. The client's schema and self-talk that weaken his/her resolve to remain abstinent were explored.
B. The biases that the client entertains regarding his/her schema and self-talk were challenged.
C. The client was assisted in generating more realistic self-talk to correct for his/her biases and build resilience.
D. The client was provided with positive feedback for his/her replacement of self-talk and biases.
E. The client struggled to identify his/her self-talk and biases that weaken his/her resolve to remain abstinent and was provided with tentative examples in this area.

20. Rehearse Replacement of Negative Self-Talk (20)

A. The client was assisted in identifying situations in which his/her negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to his/her negative self-talk.
C. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

21. Teach about Coping Package (21)

A. The client was taught a variety of techniques to help manage urges to use chemical substances.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk, and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).
D. The client has used his/her coping package techniques to help reduce his/her urges to use chemical substances; this progress was reinforced.
E. The client has not used the coping package for managing urges to use chemical substances and was redirected to do so.

22. Assess Stress-Management Skills (22)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to his/her ability to meet role demands for work, social, and family expectations.
C. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.
D. The client was provided with positive feedback regarding his/her ability to manage common everyday stressors.
E. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

23. Teach Conflict Resolution Skills (23)

A. The client was taught conflict resolution skills such as practicing empathy, active listening, respectful communication, assertiveness, and compromise.

B. Using role-playing, modeling, and behavioral rehearsal, the client was taught implementation of conflict resolution skills.
C. The client reported implementation of conflict resolution skills in his/her daily life and was reinforced for this utilization.
D. The client reported that resolving interpersonal conflicts has contributed to a lifting of his/her depression; the benefits of this progress were emphasized.
E. The client has not used the conflict resolution skills that he/she has been taught and was provided with specific examples of when to use these skills.

24. Help Resolve Interpersonal Problems (24)

A. The client was assisted in resolving interpersonal problems through the use of reassurance and support.
B. The "Applying Problem-Solving to Interpersonal Conflict" assignment from the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma) was used to help resolve interpersonal problems.
C. The client was helped to clarify cognitive and affective triggers that ignite conflicts.
D. The client was taught active problem-solving techniques to help him/her resolve interpersonal problems.
E. It was reflected to the client that he/she has significantly reduced his/her interpersonal problems.
F. The client continues to have significant interpersonal problems, and he/she was provided with remedial assistance in this area.

25. Practice Saying "No" to Alcohol/Drugs (25)

A. The client was taught about techniques to say "no" to alcohol/drugs.
B. Modeling, role-playing, and behavioral rehearsal were used to teach the client about refusing alcohol/drugs.
C. Refusal of substances was practiced in several high-risk situations.

26. Assign Social and Communication Information (26)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

27. Encourage Routine Use of Strategies (27)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.

C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

28. Review Negative Peer Influence (28)

A. A review of the client's negative peers was performed, and the influence of these people on his/her substance abuse patterns was identified.
B. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from his/her chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on his/her own recovery (e.g., sobriety buddies).
D. The client has begun to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery; he/she was reinforced for this progress.
E. The client has not attempted to reach out socially to sober individuals in order to develop a social network that has a more positive influence in his/her recovery and was reminded about this important facet of his/her recovery.

29. Plan Social and Recreational Activities (29)

A. A list of social and recreational activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new recreational and social activities that will replace substance abuse-related activities.
C. The client has begun to make changes in his/her social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

30. Plan Household, Work-Related, and Other Free-Time Activities (30)

A. A list of household, work-related, and other free-time activities that are free from association with substance abuse was developed.
B. The client was verbally reinforced as he/she agreed to begin involvement in new household, work-related, and other free-time activities that will replace substance abuse-related activities.
C. The client has begun to make changes in his/her household, work-related, and other free-time activities and reports feeling good about this change; the benefits of this progress were reviewed.
D. The client was very resistive to any changes in household, work-related, and other free-time activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

31. Evaluate Living Situation (31)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence.

B. The client was supported as he/she agreed that his/her current living situation does encourage continuing substance abuse.
C. The client could not see any reason why his/her current living situation would have a negative effect on his/her chemical dependence recovery; he/she was provided with tentative examples in this area.

32. Encourage a Change in Living Situation (32)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster his/her chemical dependence recovery.
B. The client was reinforced as he/she found a new living situation that is free from the negative influences that the current living situation brings to his/her chemical dependence recovery.
C. The client is very resistive to moving from his/her current living situation; he/she was assisted in processing this resistance.

33. Identify Sobriety's Positive Family Effects (33)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of his/her chemical dependence recovery.
B. The client reported that his/her family is enjoying a reduction in stress and increased cooperation since his/her chemical dependence recovery began; his/her reaction to these changes was processed.
C. The client was unable to identify any positive changes that have or could occur within family relationships as a result of his/her chemical dependence recovery and was provided with tentative examples in this area.

34. Refer to a Physician (34)

A. The client was referred to a physician/psychiatrist who is familiar with both mental illness and chemical dependence issues for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a physician for a prescription of psychotropic medication and was redirected to cooperate with this referral.

35. Monitor Medications (35)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

36. Administer/Monitor Medications (36)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering his/her own medications.
C. As the client has taken medications prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
D. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.
E. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
F. The client identified side effects of the medication, and this was relayed to the prescribing clinician.
G. The client has not consistently taken the prescribed medications, and he/she has been redirected to do so.

37. Develop Aftercare Placement (37)

A. The client was assisted in making decisions for aftercare placement, with an emphasis on providing enough structure to help him/her maintain abstinence.
B. The client was assisted in reviewing a variety of different options, including a halfway house, group home, outpatient treatment, day care, and partial hospitalization.
C. The client has developed a specific plan for aftercare placement and was encouraged to implement it consistently.
D. The client has been reluctant to commit to an aftercare placement, and was redirected regarding these decisions.

38. Develop Written Continuing Care Plan (38)

A. The client was assisted in developing a written continuing care plan.
B. The client was assigned "Aftercare Plan Components" in the *Adult Psychotherapy Homework Planner,* 2nd ed. (Jongsma).
C. The client was assisted in identifying helpful portions of his/her aftercare plan, including honesty, attending meetings, getting a sponsor, and other treatment needs.
D. The client has not developed a written continuing care plan, and was redirected to do so.
E. The client has developed an appropriate written continuing care plan, and was reinforced for this progress.

39. Re-administer Psychological Instruments (39)

A. The outcome of treatment was assessed via the re-administration of objective tests of the relapse proneness.
B. The client produced treatment outcome test scores indicating improvement on relapse propensity; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on relapse propensity, and these results were presented to the client.

40. Assess Satisfaction (40)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SELF-CARE DEFICITS—PRIMARY

CLIENT PRESENTATION

1. Chemical Dependence Has Eroded Self-Care (1)*

A. The client's chronic chemical dependence has eroded his/her motivation necessary for adequate self-care.
B. The client's chronic chemical dependence has eroded his/her discipline for performing adequate self-care.
C. The client appears to be more motivated for performing his/her self-care, and this is displayed through better hygiene and grooming.
D. The client is regularly motivated to perform adequate self care, and this is displayed through regular practice of self-care and good hygiene and grooming.

2. Substandard Grooming and Hygiene (2)

A. The client came to the session poorly groomed.
B. The client displayed poor grooming, as evidenced by strong body odor, disheveled hair, or dirty clothing.
C. Others have noted that the client displays substandard grooming and hygiene.
D. The client has begun to show an increased focus on his/her hygiene and grooming.
E. The client's hygiene and grooming have been appropriate, with clean clothing and no strong body odor.

3. Failure to Use Basic Hygiene Techniques (3)

A. The client gave evidence of a failure to use basic hygiene techniques, such as bathing, brushing his/her teeth, or washing his/her clothes.
B. When questioned about his/her basic hygiene techniques, the client reported that he/she rarely bathes, brushes his/her teeth, or washes his/her clothes.
C. The client has begun to bathe, brush his/her teeth, and dress himself/herself in clean clothes on a regular basis.
D. The client displayed increased personal care through the use of basic hygiene techniques.

4. Medical Problems (4)

A. The client's poor hygiene has caused specific medical problems.
B. The client is experiencing dental difficulties due to his/her poor hygiene.
C. Due to the client's poor personal hygiene, he/she is experiencing medical problems that put others at risk.
D. As the client has improved his/her personal hygiene, his/her medical problems have decreased.

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5. Poor Diet (5)

A. Due to the client's inability to cook meals properly, he/she has experienced deficiencies in his/her diet.
B. The client makes poor food selections, which has caused deficiencies in his/her diet.
C. The client has displayed an increased understanding of and willingness to use a healthier diet.
D. As the client's diet has improved, his/her overall level of physical functioning has improved.

6. Social Skills Deficits (6)

A. The client displayed poor social interaction skills.
B. The client displayed poor eye contact, insufficient interpersonal attending, and awkward social responses.
C. As the client's substance abuse symptoms have stabilized, his/her interaction skills have increased.
D. The client now displays more appropriate eye contact, interpersonal attending skills, and social responses.

7. Inadequate Knowledge Regarding Self-Care (7)

A. The client displayed an inadequate level of knowledge or functioning in basic skills around the home.
B. The client indicated that he/she has little experience in doing basic self-care around the home (e.g., cleaning floors, washing dishes, disposing of garbage, keeping fresh food available).
C. As the client has gained specific knowledge about how to perform basic duties around the home, his/her self-care has become more appropriate.

8. Losses Due to Poor Hygiene (8)

A. The client described that he/she has experienced loss of relationship, employment, or other social opportunities due to his/her poor hygiene and inadequate attention to grooming.
B. The client's family, friends, and employer have all indicated a decreased desire to be involved with him/her, due to his/her poor hygiene and inadequate attention to grooming.
C. As the client's hygiene and grooming have improved, he/she has experienced improvement in relationships, employer acceptance, and other social opportunities.

INTERVENTIONS IMPLEMENTED

1. Assign Inventory of Self-Care (1)*

A. The client was asked to prepare an inventory of positive and negative functioning regarding his/her self-care.
B. The client was assigned "Assessing Self-Care Deficits" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

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C. The client prepared his/her inventory of positive and negative functioning regarding self-care, and this was reviewed within the session.
D. The client was given positive feedback regarding his/her accurate inventory of positive and negative functioning regarding self-care.
E. The client has prepared his/her inventory of positive and negative functioning regarding self-care, but needed additional feedback to develop an accurate assessment.
F. The client has not prepared an inventory of positive and negative functioning regarding self-care, and was redirected to do so.

2. Assign Obtaining Feedback (2)

A. The client was asked to identify a trusted individual from whom he/she can obtain helpful feedback regarding daily hygiene and grooming.
B. The client has received helpful feedback regarding his/her daily hygiene and grooming, and this was reviewed within the session.
C. The client has declined to seek or use any feedback regarding his/her daily hygiene and grooming, and was redirected to complete this assignment.

3. Assess Nutritional Knowledge (3)

A. The client's basic nutritional knowledge and skills were assessed.
B. The client's basic diet and possible nutritional deficiencies were reviewed.
C. The client was referred to a dietician for an assessment regarding basic nutritional knowledge and skills, usual diet, and nutritional deficiencies.
D. The client has not followed through on his/her referral to a dietician, and was redirected to do so.

4. Administer Assessment for Self-Care Skills (4)

A. The client was administered psychological instruments designed to objectively assess his/her self-care skills.
B. The Independent Living Scales was administered to the client.
C. The client has completed the assessment of self-care skills, and minimal skills were identified; these results were reported to the client.
D. The client has completed the assessment of self-care skills, and significant skills were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of self-care skills, and the focus of treatment was turned toward this defensiveness.

5. Review Rejection (5)

A. The client was asked to identify painful experiences in which rejection was experienced due to the lack of performance of basic self-care.
B. The client was provided with empathy as he/she identified painful experiences in which rejection was experienced due to the lack of performance of basic self-care.
C. The client's broken relationships, loss of employment, and other painful experiences were reviewed within the session.

D. The client could not identify painful experiences related to poor performance of basic self-care, and was asked to continue to focus in these areas.

6. Teach Possible Positive Outcomes (6)

A. The client was assisted in visualizing the possible positive changes that could occur from his/her increased attention to appearance and other daily living skills.
B. The client was supported and reinforced as he/she identified positive results that would occur due to his/her increased attention to appearance and other daily living skills.
C. The client struggled to identify positive results that could occur from his/her giving increased attention to appearance and other daily living skills, and was provided with additional feedback about these areas.

7. Review Medical Risks (7)

A. Specific medical risks associated with poor hygiene and nutrition or lack of attention to other self-care was reviewed.
B. Medical risks (e.g., dental problems, risk of infection, lice, other health problems) were identified and discussed.
C. The client was assisted in developing an understanding about the medical risks associated with poor nutrition and hygiene or lack of attention to other self-care.
D. The client agreed that he/she is at a higher medical risk due to poor nutrition and hygiene or lack of attention to other self-care, and was focused on remediation efforts.
E. The client rejected the identified concerns regarding medical risks.

8. Facilitate Expressing Emotions (8)

A. The client was assisted in expressing his/her emotions related to impaired performance in self-care.
B. The client was assisted in identifying specific emotions regarding impaired performance in self-care (e.g., embarrassment, depression, low self-esteem).
C. Empathy was provided to the client as he/she expressed his/her emotions regarding impaired performance in self-care.
D. The client was reluctant to admit to any negative emotions regarding impaired performance of self-care, and was provided with feedback about likely emotions that he/she may experience.

9. Identify Secondary Gain (9)

A. The possible secondary gain associated with decreased self-care functioning was reviewed.
B. The client identified specific secondary gains that he/she has attained for decreased functioning in self-care (e.g., less involvement in potentially difficult social situations), and these were reviewed within the session.
C. The client denied any pattern of secondary gain related to decreased functioning in his/her self-care, and was provided with hypothetical examples of the secondary gains.

10. Identify Needed Self-Care (10)

A. The client was assisted in identifying the self-care that is desired but is not present in his/her current repertoire.

B. The client received feedback regarding his/her description of self-care that he/she wished to increase.
C. The client was unable to identify specific self-care that he/she wishes to increase, and was encouraged to review this area.

11. Prioritize Self-Care (11)

A. The client was asked to prioritize on which self-care he/she would like to focus in order to improve his/her functioning.
B. The client was given feedback about his/her choice of self-care to focus on implementing.
C. The client was informed about the specific skills that he/she will need to learn in order to implement the use of individual self-care items.
D. The client struggled to prioritize which self-care he/she wishes to use, and was redirected to do so.

12. Refer for Psychological Testing (12)

A. The client was referred for an assessment of cognitive abilities and deficits.
B. Objective psychological testing was administered to the client to assess his/her cognitive strengths and weaknesses.
C. The client cooperated with the psychological testing, and he/she received feedback about the results.
D. The psychological testing confirmed the presence of specific cognitive abilities and deficits.
E. The client was not compliant with taking the psychological evaluation, and was encouraged to participate completely.

13. Recommend Remediating Programs (13)

A. The client was referred to remediating programs that are focused on removing deficits for performing self-care, including skill-building groups or behavior-shaping programs.
B. The client was assisted in remediating his/her deficits for performing self-care through the use of skill-building groups, and behavior-shaping programs.
C. As specific programs have assisted the client in removing deficits for performing self-care, his/her self-care has gradually increased.

14. Interpret Decompensation (14)

A. The client's poor performance on self-care was interpreted as an indicator of chemical dependence or psychiatric decompensation.
B. The client's pattern of poor self-care and chemical dependence or psychiatric decompensation was shared with the client, caregivers, and medical staff.
C. The client acknowledged his/her poor performance on self-care as prodromals of his/her chemical dependence or psychiatric decompensation, and this was supported during the session.
D. The client, caregivers, and medical staff concurred regarding the client's chemical dependence and general psychiatric decompensation.
E. The client denied any chemical dependence or psychiatric decompensation, despite being told that his/her poor performance on self-care is an indication of psychiatric decompensation.

15. Refer to a Physician (15)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a physician for a prescription of psychotropic medications, and was redirected to cooperate with this referral.

16. Educate about Psychotropic Medications (16)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications, and was provided with additional information and feedback regarding his/her medications.

17. Monitor Medications (17)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the effectiveness and side effects of the client's medications were communicated to the physician.
E. Although the client was monitored for side effects from the medications, he/she reported no concerns in this area.

18. Arrange for a Physical Examination (18)

A. A full physical examination was arranged for the client, and the physician was encouraged to prescribe remediation programs to aid the client in performing self-care.
B. A physician examined the client, and specific negative medical effects of low functioning on self-care were identified.
C. The physician has identified specific recommendations to help remediate the effects of the client's poor self-care skills.
D. The physician has not identified any physical effects related to the client's poor performance on self-care.
E. Specific self-care remediation behaviors were reviewed with the client.

19. Refer to a Dentist (19)

A. The client was referred to a dentist to determine dental treatment needs.
B. Specific dental treatment needs were identified, and ongoing dental treatment was coordinated.

C. No specific dental treatment needs were identified, but a routine follow-up appointment was made.
D. The client has not followed through on the referral for dental services, and was redirected to do so.

20. Provide Educational Material (20)

A. The client was provided with educational material to help him/her learn basic personal hygiene skills.
B. The client was referred to specific portions of books and videos on the topic of personal hygiene.
C. The client was referred to written material such as *The Complete Guide to Better Dental Care* (Taintor and Taintor) or *The New Wellness Encyclopedia* (Editors of University of California–Berkeley).
D. The client has surveyed the educational material, and important points were reviewed within the session.
E. The client has not reviewed the educational material, and was requested to do so.

21. Refer for One-to-One Training (21)

A. The client was referred to a designated staff for one-to-one training in basic hygiene needs and techniques.
B. The client has reviewed specific hygiene needs and techniques with the designated staff, and was supported for this.
C. The client has not yet met with the designated staff for one-to-one training in basic hygiene needs and techniques, and was redirected to do so.

22. Refer to a Psychoeducational Group (22)

A. The client was referred to a psychoeducational group focused on teaching personal hygiene skills.
B. The psychoeducational group was used to help the client learn to give and receive feedback about hygiene skill implementation.
C. The client has attended a psychoeducational group and received feedback about hygiene skill implementation, which was processed within the session.
D. The client was verbally reinforced for using the group feedback about hygiene skill implementation.
E. The client has not attended the psychoeducational group for hygiene skill implementation, and was redirected to do so.

23. Encourage Scheduled Hygiene Performance (23)

A. The client was encouraged to perform basic hygiene skills on a regular schedule (e.g., the same time and in the same order each day).
B. The client was reinforced for his/her pattern of performing basic hygiene skills on a regular schedule.
C. The client has not performed his/her personal hygiene skills on a scheduled basis, and was redirected to do so.

24. Teach Self-Monitoring (24)

A. The client was assisted in developing a self-monitoring program for performing his/her self-care.
B. The client was supported in his/her use of a check-off chart for performing his/her self-care.
C. The client was provided with positive feedback and encouragement regarding his/her use of a self-monitoring program for performing self-care.
D. The client has not implemented or used a self-monitoring program for performing self-care, and was encouraged to do so.

25. Provide Feedback (25)

A. The client was provided with feedback about progress in his/her use of self-monitoring to improve personal hygiene.
B. The client appeared to react positively to the feedback that was given regarding his/her progress in the use of self-monitoring to improve performance of self-care.
C. The client accepted the negative feedback that was given regarding his/her lack of use of self-monitoring to improve personal hygiene.

26. Review Community Resources (26)

A. A list of community resources was reviewed with the client to assist him/her in improving his/her personal appearance (e.g., laundromat/dry cleaner, hair salon/barber).
B. As community resources were reviewed, the client displayed an understanding and commitment to use appropriate community resources.
C. The client has not used community resources to improve his/her personal appearance, and was provided with additional encouragement to do so.

27. Arrange for a Tour of Community Resources (27)

A. Arrangements were made for the client to tour community facilities for cleaning and pressing clothes, cutting and styling hair, or purchasing soap and deodorant.
B. As the community resources were reviewed, the client showed an increased understanding of how these resources can be used to improve performance of self-care.
C. The client continued to display a lack of understanding about the use of community facilities to assist in performing self-care, and this information was reiterated.

28. Assess for Exacerbating Conditions (28)

A. The client was assessed for mental illness or substance abuse that may exacerbate poor performance in self-care.
B. The client was assigned "Relating Self-Care Deficits to My Addiction" from *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was identified as having a concomitant mental illness or substance abuse problem.
D. Upon review, the client does not display evidence of a coexisting mental illness or substance abuse problem.

29. Refer for Substance Abuse Treatment (29)

A. The client was referred to a 12-step recovery program (i.e., Alcoholics Anonymous or Narcotics Anonymous).

B. The client was referred to a substance abuse treatment program.
C. The client has been admitted to a substance abuse treatment program, and was supported for this follow through.
D. The client has refused the referral to a substance abuse treatment program, and this refusal was processed.

30. Integrate Mental Health and Substance Abuse Treatment (30)

A. The client's mental health and substance abuse treatment services were coordinated in an integrated fashion.
B. The client's substance abuse treatment providers have been provided with increased information about the client's mental health diagnosis and treatment.
C. The client's mental health treatment providers have been provided with increased information about the client's substance abuse diagnosis and treatment.

31. Facilitate Training from Support System (31)

A. The client's family members, friends, and caregivers were facilitated to assist in training the client in basic housekeeping skills.
B. Family members, friends, and caregivers were requested to monitor and report on the client's progress regarding basic housekeeping skills.
C. Family members, friends, and caregivers were reinforced for regularly providing training to the client on basic housekeeping skills and reporting on his/her progress.
D. Family members, friends, and caregivers do not regularly provide options for the client to learn basic housekeeping skills, and were redirected to do so.

32. Teach Housekeeping Skills (32)

A. The client was taught about basic housekeeping skills through references to books on this subject.
B. As the client has been taught basic housekeeping skills, he/she has displayed an increased understanding of these needs and techniques.
C. The client continues to display a lack of understanding of basic housekeeping skills, and this information was presented again in a different fashion.

33. Teach Cooking Techniques (33)

A. The client was taught some basic cooking techniques.
B. Cookbooks were used to teach the client basic cooking techniques.
C. As the client has been taught about basic cooking techniques, he/she has displayed an increased understanding of food preparation.
D. The client displayed a lack of understanding of food preparation procedures, and was provided with additional remedial information in this area.

34. Monitor Dietary Recommendations (34)

A. The client was monitored for follow through regarding a dietician's recommendations for changes in his/her eating practices.
B. The client was provided with positive feedback for consistently following through on the recommended changes to his/her cooking and eating practices.

C. The client was provided with negative feedback regarding his/her failure to use the dietician's recommendations, which prompted his/her pledge to improve in this area.

35. Refer to an Activity Therapist (35)

A. The client was referred to an activity therapist for recommendations regarding physical fitness activities that are available in the community.
B. The client was referred to community physical fitness resources (e.g., health clubs, other recreational programs).
C. The client has been actively participating in community physical fitness programs and was reinforced for this.
D. The client has declined involvement in community physical fitness programs and was redirected to do so.

36. Assist in Setting Exercise Goals (36)

A. The client was assisted in setting specific exercise goals.
B. The client's participation in exercise and physical fitness activities was monitored.
C. The client reported regular participation in exercise and physical fitness activities, and was reinforced for this.
D. The client reported very limited participation in exercise and physical fitness activities, and was encouraged to increase his/her participation.

37. Provide Physical Fitness Educational Material (37)

A. Educational material regarding physical fitness was provided to the client.
B. The client displayed an increased understanding of physical fitness as a result of reviewing physical fitness educational material.
C. The client has not read the physical fitness educational material, and was redirected to do so.

38. Coordinate a Health Club Membership (38)

A. The client's membership at a local health club or YMCA/YWCA was facilitated.
B. The client has joined a local health club or YMCA/YWCA fitness program, and was reinforced for doing so.
C. The client has not used local resources for fitness programs, and was redirected to do so.

39. Re-administer Psychological Instruments (39)

A. The outcome of treatment was assessed via the re-administration of objective tests of self-care.
B. The client produced treatment outcome test scores indicating improvement on self-care skills; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on self-care skills; these results were presented to the client.

40. Assess Satisfaction (40)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SELF-CARE DEFICITS—SECONDARY

CLIENT PRESENTATION

1. Lack of Access to Independent Activities of Daily Living (IADLs) (1)*

A. The client has had limited access to IADLs (e.g., transportation, banking, shopping, use of community services) due to his/her history of addiction and mental illness.
B. The client has often been barred from performing IADLs due to his/her addiction and mental illness.
C. The client has begun to access IADLs.
D. The client displays an increased pattern of independence through engaging in IADLs.

2. Lack of Experience with IADLs (1)

A. The client described a pattern of inexperience with IADLs (e.g., transportation, banking, shopping, use of community services).
B. The client has often relied on others for IADLs.
C. The client reports increased experience with IADLs.
D. The client displays more independence as he/she gains experience with IADLs.

3. Poor Functioning on IADLs (1)

A. The client described poor functioning on IADLs, despite his/her regular access to and experience with areas such as transportation, banking, shopping, or use of community services.
B. As the client's addiction and mental illness symptoms have stabilized, he/she has improved his/her functioning relative to IADLs.
C. The client regularly takes care of his/her own IADLs in a functional manner.

4. Anxiety Regarding Increasing IADLs (2)

A. The client described feelings of anxiety regarding becoming more independent.
B. The client reported feelings of uncertainty and fear regarding specific areas of IADLs.
C. The client is avoidant of areas in which he/she could increase his/her IADLs.
D. The client has become more confident regarding performing his/her IADLs.

5. Lack of Community Resource Knowledge (3)

A. The client has limited information regarding available community resources to aid in his/her recovery.
B. The client often fails to use community resources due to his/her ignorance in this area.
C. As the client has gained increased knowledge of community resources, he/she has increased his/her independence.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Poor Emergency Response (4)

A. The client has failed to respond appropriately in emergency situations.
B. The client displayed a lack of knowledge about emergency services, their function, or how to access them.
C. The client's addiction and mental illness symptoms have affected his/her ability to respond appropriately to emergency situations.
D. As the client has stabilized his/her addiction and mental illness symptoms, he/she has learned more about appropriate emergency responses.
E. The client has appropriately used emergency resources.

7. Symptoms Affect Independent Use of Community Resources (5)

A. Experiences of addiction and mental illness symptoms have affected the client's ability to use community resources independently.
B. As the client has stabilized his/her addiction and mental illness symptoms, his/her ability to use community resources has increased.
C. The client reports that he/she is regularly using community resources on an independent basis.

8. Unfamiliarity with Services (6)

A. The client described that he/she has not had experience with resources such as banking, stores, and other services.
B. The client has increased his/her familiarity with resources such as banking, stores, and other services.
C. The client displays independent functioning regarding the use of banking, stores, and other services.

9. Poor Organization (7)

A. The client reported a pattern of poor attention to and organization of personal responsibilities.
B. The client has displayed poor attention to and organization of personal responsibilities, as evidenced by unpaid bills and unkept appointments.
C. As the client has become more organized, he/she has regularly met his/her personal responsibilities (e.g., paying bills, keeping appointments).

10. Limited Access to Community Resources (8)

A. The client has failed to access community resources such as worship centers, libraries, recreational areas, or businesses.
B. The client's failure to access community resources has resulted in his/her decreased involvement within the community.
C. As the client's addiction and mental illness symptoms have stabilized, he/she has increased his/her access to community resources.
D. The client regularly uses community resources such as worship centers, libraries, recreational areas, or businesses.

11. Restricted from Community Resources (9)

A. The client's access to community resources has been restricted due to his/her addiction or bizarre behaviors.

B. The client has been banned from using specific community resources due to his/her history of addiction or bizarre behavior.
C. As the client's addiction and mental illness symptoms have improved, his/her behavior has been more stable.
D. The client has gained access to previously restricted community resources due to his/her regular pattern of stability.

12. Others Take Responsibility for IADLs (10)

A. The client described a history of allowing others to take responsibility for performing IADLs for him/her.
B. The client's family members were noted to have been taking responsibility for performing his/her IADLs.
C. As the client has stabilized his/her addiction and mental illness symptoms, he/she has been able to take increased responsibility for performing IADLs.
D. The client's family members have ceased taking inappropriate responsibility for performing his/her IADLs.

INTERVENTIONS IMPLEMENTED

1. Assign an Inventory of IADLs (1)*

A. The client was asked to prepare an inventory of positive and negative functioning regarding his/her IADLs while addicted.
B. The client was assigned "Filling in the Gap" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client prepared his/her inventory of positive and negative functioning regarding IADLs, and this inventory was reviewed.
D. The client was given positive feedback regarding his/her accurate inventory of positive and negative functioning regarding IADLs.
E. The client has prepared his/her inventory of positive and negative functioning regarding IADLs, but needed assistance to develop a more accurate assessment.
F. The client has not prepared an inventory of positive and negative functioning regarding IADLs, and was redirected to do so.

2. Identify Successful Independence in the Community (2)

A. The client was asked to describe previous situations in which he/she has been successful in the community.
B. The client was supported with attentive listening and encouragement as he/she reviewed his/her previous successful community independence experiences.
C. The client was unable to identify any previous successful community involvement, and was given feedback in this area.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

3. Describe Failures to Become Independent (3)

A. The client was asked to describe his/her negative experiences regarding becoming more independent.
B. The client was provided with attentive listening as he/she described the circumstances and emotions encountered due to negative experiences when attempting to be more independent.
C. The client denied any pattern of negative experiences when trying to be more independent, and was provided with more realistic feedback in this area.

4. Administer Assessment for IADLs (4)

A. The client was administered psychological instruments designed to objectively assess concerns regarding independent activities of daily living.
B. The Independent Living Scales was administered to the client.
C. The client has completed the assessment of IADLs, and minimal concerns were identified; these results were reported to the client.
D. The client has completed the assessment of IADLs, and significant traits were identified; these results were reported to the client.
E. The client refused to participate in the psychological assessment of IADLs, and the focus of treatment was turned toward this defensiveness.

5. Examine Problematic IADL Areas (5)

A. The client's problematic IADL areas were examined with him/her.
B. The client was assigned "Working toward Independence" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client has completed the assignment to work toward independence, and his/her insights in this area were reviewed.
D. The client has not completed the "Working toward Independence" assignment from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz), and was redirected to do so.
E. Specific patterns of behavior and thought that contribute to the client's failure at independent functioning were identified.
F. The client described increased understanding of his/her problematic behaviors and cognitions subsequent to reviewing his/her problematic IADL areas.
G. The client has no insight as to failures regarding IADLs or the causes for those failures; additional realistic feedback was provided.

6. Obtain Feedback from a Support Network (6)

A. A proper authorization to release confidential information was obtained, in order to review IADLs with the client's support network.
B. Specific feedback was obtained from the client's family members, friends, and caregivers about his/her performance of IADLs.
C. The client's support network's feedback about his/her performance of IADLs was reviewed with the client.
D. The client displayed increased understanding of IADL issues subsequent to reviewing feedback from the support network.

E. The client rejected the IADL feedback provided by his/her support network, and was urged to consider this important information.

7. Identify Needed IADLs (7)

A. The client was assisted in identifying those IADLs that are desired but are not present in his/her current repertoire.
B. The client received feedback regarding his/her description of IADLs that he/she wishes to increase.
C. The client was unable to identify specific IADLs that he/she wishes to increase, and was assisted in reviewing this area.

8. Prioritize IADLs (8)

A. The client was asked to prioritize which IADLs he/she would like to focus on in order to improve his/her functioning.
B. The client was given feedback about his/her choice of IADLs to focus on implementing.
C. The client was informed about the specific skills that he/she would need to learn in order to implement the use of individual IADLs.
D. The client failed to prioritize which IADLs he/she wishes to use, and was redirected to do so.

9. Choose Advocate for SSI Application (9)

A. The client was encouraged to choose a family or community mental health advocate to assist in applying for Social Security Disability income.
B. The client was reinforced as he/she has sought out help for applying for SSI.
C. The client has not enlisted assistance to apply for SSI, and was redirected to do so.

10. Recommend Remediating Programs (10)

A. The client was referred to remedial programs that are focused on removing deficits for performing IADLs, including skill-building groups, 12-step meetings, token economies, and behavior-shaping programs.
B. The client was assisted in remediating his/her deficits for performing IADLs through the use of skill-building groups, 12-step meetings, token economies, and behavior-shaping programs.
C. As specific programs have assisted the client in removing deficits for performing IADLs, his/her activities of daily living (ADLs) have gradually increased.
D. The client has not complied with the referral to skill-building groups, and was again encouraged to do so.

11. Explore Social Anxiety (11)

A. The client's experience of social anxiety related to increased independence and social contacts was explored.
B. The client was provided with support and empathy as he/she described his/her experience of anxiety.
C. The client denied any anxiety related to increased independence, and this was noted.

12. Teach Social Skills (12)

A. The client was taught skills that are necessary for appropriate social behavior.
B. The client was provided with feedback regarding his/her use of social skills.

C. As the client has developed more appropriate social skills, his/her social interaction has been more appropriate, and he/she was provided with positive feedback about this progress.
D. The client was confronted about not learning appropriate social skills, and not increasing the frequency and appropriateness of his/her social interactions.

13. Support Increased Social Interaction (13)

A. The client was provided with encouragement regarding his/her attempts to increase social interaction.
B. The client was provided with positive feedback regarding his/her successful attempts to increase social interaction.
C. The client has failed to increase his/her appropriate social interaction, despite feedback and encouragement.

14. Develop IADL Completion Schedule (14)

A. The client was assisted in developing a specific schedule for completing IADLs (e.g., going to 12-step group on Thursday, arranging finances on Monday mornings, or going to the grocery store on Tuesday).
B. The client has developed his/her own schedule for completing IADLs, and this schedule was reviewed.
C. The client's use of scheduling IADLs has helped him/her complete these on a regular basis, and he/she was provided with positive feedback for this follow through.
D. The client has not used his/her schedule for completing IADLs, and was redirected to do so.

15. Teach Flexibility in IADL Schedule (15)

A. The client was taught about situations in which he/she should break from his/her established routine.
B. The client acknowledged specific situations in which he/she should break from his/her established routine (e.g., do the banking on a different day due to a holiday, or do the weekly cleaning one day earlier in order to attend a desired social function), and was provided with support for this flexible approach.
C. The client was provided with encouragement and education, as he/she has found it difficult to break from his/her structured routine.

16. Educate about Addiction/Mental Illness (16)

A. The client was educated about the expected or common symptoms of his/her addiction and mental illness, which may negatively impact IADL functioning.
B. As the client's symptoms of addiction and mental illness were discussed, he/she displayed an understanding of how these symptoms may affect his/her IADL functioning.
C. The client struggled to identify how symptoms of his/her addiction and mental illness may negatively impact IADL functioning, and was given additional feedback in this area.

17. Interpret Psychiatric Decompensation (17)

A. The client's poor performance on IADLs was interpreted as an indicator of addiction or psychiatric decompensation.
B. The client's pattern of poor IADLs and addiction/psychiatric decompensation was shared with him/her, along with caregivers and medical staff.

C. The client acknowledged his/her poor performance on IADLs as prodromals of his/her addiction or psychiatric decompensation, and this was supported.
D. The client, caregivers, and medical staff concurred regarding his/her general addiction relapse or psychiatric decompensation.
E. The client denied psychiatric decompensation or addiction relapse despite being told that his/her poor performance on IADLs is an indication of such.

18. Refer to a Physician (18)

A. The client was referred to a physician for an evaluation for a prescription of psychotropic medications.
B. The client was reinforced for following through on a referral to a physician for an assessment for a prescription of psychotropic medications, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client declined evaluation by a physician for a prescription of psychotropic medications, and was redirected to cooperate with this referral.

19. Educate about Psychotropic Medications (19)

A. The client was taught about the indications for and the expected benefits of psychotropic medications.
B. As the client's psychotropic medications were reviewed, he/she displayed an understanding about the indications for and expected benefits of the medications.
C. The client displayed a lack of understanding of the indications for and expected benefits of psychotropic medications, and was provided with additional information and feedback regarding his/her medications.
D. A protocol for procuring the client's medications was reviewed with him/her.
E. The procurement of the client's medication was modeled to him/her.
F. The client was shadowed for support as he/she procured his/her own medications.
G. The client does not appropriately and regularly procure his/her own medications, and was provided with additional training in this area.

20. Monitor Medications (20)

A. The client was monitored for compliance with his/her psychotropic medication regimen.
B. The client was provided with positive feedback about his/her regular use of psychotropic medications.
C. The client was monitored for the effectiveness and side effects of his/her prescribed medications.
D. Concerns about the client's medication effectiveness and side effects were communicated to the physician.
E. Although the client was monitored for medication side effects, he/she reported no concerns in this area.

21. Develop Agreement Regarding Monitoring of Medications (21)

A. An agreement was developed with the client regarding the level of responsibility and independence that he/she must display to trigger a decrease in the clinician's monitoring of medications.

B. The closeness with which the clinician monitors the client's medications has been decreased as he/she has displayed increased responsibility and independence.
C. The client's medications continue to be closely monitored as he/she has failed to display the needed level of responsibility and independence.

22. Coordinate an Agreement with the Pharmacist (22)

A. An agreement was coordinated between the client, the pharmacist, and the clinician regarding circumstances that would trigger a transfer of medication monitoring back to the clinician.
B. The client was supported for his/her understanding of circumstances in which the pharmacist would contact the clinician (e.g., failure to pick up the monthly prescription, or trying to refill the prescription too soon).
C. The client was provided with positive feedback regarding his/her appropriate use of the pharmacy to obtain medications.
D. As the client has failed to appropriately use the pharmacy to obtain his/her medications, his/her medication usage has been more closely monitored.

23. Brainstorm Transportation Resources (23)

A. The client was assisted in brainstorming possible transportation resources available for his/her use.
B. Specific transportation resources (e.g., public transportation, personal vehicle, agency resources, friends and family, walking, bicycling) were identified.
C. The client continues to be uncertain about what type of transportation resources to use, and was provided with additional feedback in this area.

24. Teach about Public Transportation Options (24)

A. The client was taught about available public transportation options by discussing these options and reviewing written schedules.
B. The client was accompanied on the use of community transportation services, which has helped to teach him/her the safe, socially appropriate use of public transportation.
C. The client declined to be accompanied on his/her use of public transportation services, and this choice was accepted.

25. Review Expectations for Using Public Transportation (25)

A. The typical expectations for using public transportation were reviewed, including paying for the transportation, time schedules, and social norms for behavior.
B. The client was praised for his/her understanding of typical expectations for using public transportation.
C. The client has displayed appropriate adherence to social and other expectations while using public transportation, and received positive feedback for this.
D. The client has failed to understand the typical expectations for using public transportation, and was given further education in this area.

26. Ride Along on Public Transportation (26)

A. The client was accompanied on public transportation to a variety of destinations.

B. The client has identified that he/she is more comfortable with using public transportation without accompaniment, and was provided with positive feedback about this.

27. Develop Income Sources (27)

A. The client was assisted in obtaining, completing, and filing forms for Social Security Disability benefits or other public aid.
B. The client was assisted in identifying ways to increase income through obtaining employment.
C. The client has obtained regular income and is now able to afford the use of resources within the community, and he/she was provided with positive feedback for this progress.
D. The client has not developed any regular sources of income, and was redirected to do so.

28. Develop a Budget (28)

A. The client was requested to develop a basic budget, including income, necessary expenses, additional spending, and savings plans.
B. The client has developed a basic budget, and this material was reviewed.
C. The client was given positive feedback for his/her comprehensive, realistic budget.
D. The client has not developed a basic budget, and was redirected to do so.

29. Review Banking Pros, Cons, and Practices (29)

A. The advantage of using the banking system to assist with IADLs was reviewed with the client, including increased security, financial organization, and convenience for paying bills.
B. The client was cautioned about the hazards related to banking (e.g., credit debt, overdrawn checking charges).
C. The procedures used within the banking system were reviewed.
D. The client was reinforced for his/her verbalization of an increased understanding of the issues related to using a banking system for IADLs.
E. The client displayed a poor understanding of the use of the banking system to assist with IADLs, and was provided with further information in this area.

30. Coordinate a Helping Relationship with Bank Staff (30)

A. A helping relationship was coordinated between the client and specific members of the banking staff.
B. Permission to release information to the bank staff was obtained.
C. The staff of the bank was informed about the client's needs and disabilities.
D. The client reported feeling more comfortable through the use of a helpful relationship with specific bank staff, and this experience was processed.

31. Encourage the Use of a Specific Employee at Bank (31)

A. The client was encouraged to select and use a specific staff member at a specific bank branch in order to develop a more personal and understanding relationship.
B. The client has regularly sought out a specific employee at the bank, and this was noted to be helping the client feel more comfortable and to know what to expect in the interaction.
C. The client continues to approach his/her use of the banking system in a rather haphazard manner, and he/she was provided with redirection in this approach.

32. Familiarize with Commercial Resources (32)

A. The client was familiarized with commercial resources that are available in his/her area through a review of newspaper advertisements and a tour of the business districts within the community.
B. The client was provided with positive feedback regarding his/her understanding about the commercial resources available in his/her area.
C. The client continues to have a poor understanding of the commercial resources available in his/her area, and was provided with additional information about this topic.

33. Role-Play Shopping Situations (33)

A. Role-playing was used to teach the client how to handle commonly occurring shopping situations.
B. The client was assisted in role-playing specific shopping situations (e.g., asking for assistance, declining a pushy salesperson, returning a defective item).
C. The client was provided with feedback about his/her functioning in commonly occurring shopping situations.
D. The client has not been able to increase his/her understanding of the needed response in typical shopping situations, and was provided with additional information in this area.

34. Review Support Group Availability (34)

A. The places, times, and locations of appropriate support groups for the client were reviewed.
B. The client was assisted in selecting specific support groups that would be helpful for his/her recovery (e.g., 12-step meetings, religious groups, community agencies).
C. A commitment was elicited from the client to attend a support group.
D. The client has attended a support group, and his/her experience was processed.
E. The client has not attended a support group, and was redirected to do so.

35. Attend Group Meetings with Client (35)

A. The client was accompanied to a 12-step meeting.
B. Arrangements were made for the client to be accompanied to a support group meeting.
C. The client described being less uncomfortable and uncertain as he/she was accompanied to a support group meeting.
D. The client is now attending support group meetings on his/her own, and this was reinforced.

36. Teach Appropriate Use of Emergency Services (36)

A. The client was taught about the appropriate use of specific emergency service professionals, including their responsibilities and limitations.
B. The client was provided with positive feedback for his/her accurate understanding of responsible use of emergency service professionals, their responsibilities and limitations.
C. The client has not displayed a coherent understanding of the appropriate use of specific emergency service professionals, and was provided with additional education in this area.

37. Provide Lists of Emergency Numbers (37)

A. The client was provided with an easy-to-read list of emergency numbers.
B. The client displayed understanding of the available emergency resources.

38. Brainstorm Alternatives to Nuisance Emergency Calls (38)

A. The client was assisted in brainstorming alternative resources that are available to him/her for use, instead of nuisance calls to emergency response staff.
B. The client was assisted in developing specific alternatives to use instead of nuisance calls to emergency response staff (e.g., contact a crisis line rather than the police for psychotic symptom development; contact a support group member when feeling lonely, instead of going to the emergency room; contact family first if feeling ill).
C. The client has decreased his/her pattern of nuisance calls to emergency response staff, and was provided with positive feedback for this progress.
D. The client has not used alternative resources instead of nuisance calls to emergency response staff, and was urged to modify this practice.

39. Develop a List of Resources for IADLs (39)

A. The client was asked to identify a list of personal resources that he/she can use for assistance in carrying out IADLs.
B. The client was assisted in identifying specific resources that he/she can use for carrying out IADLs (e.g., family and friends, support group members, neighbors).
C. The client has failed to identify a list of personal resources to assist him/her in carrying out IADLs, and was urged to do so.

40. Role-Play Asking for Assistance (40)

A. Role-playing was used to help the client practice how to approach strangers for basic assistance (e.g., asking for directions).
B. Feedback was provided to the client about his/her approach, personal hygiene, and dress, plus how appearance and manner affect a stranger's comfort level.
C. The client displayed an understanding of the issues related to asking others for assistance, and was praised for this insight.
D. The client displayed poor understanding of how his/her appearance and manner affect others' comfort level, and was provided with additional feedback in this area.

41. Re-administer Psychological Instruments (41)

A. The outcome of treatment was assessed via the re-administration of objective tests of the client's IADLs.
B. The client produced treatment outcome test scores indicating improvement on IADL concerns; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on IADL concerns; this lack of progress was presented to the client.

42. Assess Satisfaction (42)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SEXUAL PROMISCUITY

CLIENT PRESENTATION

1. Sexually Active with No Commitment (1)*

A. The client indicated that he/she is involved in a sexual relationship but does not see it lasting.
B. The client reported being sexually active with one partner but that both are free to "date others."
C. The client verbalized being sexually active with one partner but did not want this to "tie him/her down."
D. The client has expressed the desire to have a relationship in which there is mutual commitment to each other.

2. Sexually Preoccupied (2)

A. The client reported being sexually preoccupied a majority of his/her free time.
B. The client reported having frequent thoughts, dreams, and fantasies about sexual material.
C. The client indicated that whenever his/her mind wanders, it always goes to sexual content.
D. The client has engaged in the use of pornographic magazines, videos, and Internet sites.
E. The client reported a decrease in his/her sexual preoccupation, and now will think about other topics.

3. Dangerous Sexual Acting Out (3)

A. The client described a history of sexual acting out in areas that are potentially self-damaging (e.g., unprotected sex, hiring prostitutes, cruising the streets for sex, many sexual partners).
B. The client displayed little understanding about the potentially self-damaging consequences of his/her pattern of sexually acting out.
C. The client acknowledged the potentially self-damaging effects of his/her sexual acting out.
D. As the client has progressed in his/her recovery, his/her potentially self-damaging sexual acting out has decreased.

4. Instant Gratification (4)

A. The client reported a history of sexual involvement that seeks instant gratification.
B. The client's main focus in any sexual encounter is his/her own sexual gratification.
C. The client often has little focus on the sexual wants and needs of his/her sexual partner.
D. The client reported a decrease in his/her pattern of instant gratification of sexual desires.

5. Prostitution (5)

A. The client solicits prostitutes as a part of his/her substance abuse pattern.
B. The client engages in prostitution in order to support his/her substance abuse habit.
C. As treatment has progressed, the client's involvement in prostitution has decreased.
D. The client no longer engages in prostitution as a portion of his/her substance abuse pattern.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

6. Inability to Decrease Sexual Behavior (6)

A. The client reported unsuccessful attempts to stop or cut down on harmful sexual behavior.
B. The client reported difficulty cutting down or stopping the harmful sexual behavior, despite the verbalized desire to do so and acknowledgment of the many negative consequences that continued harmful sexual behavior brings.
C. The client reported that he/she has been able to decrease his/her harmful sexual behavior.
D. The client reported being able to maintain a life free from harmful sexual behavior for an extended period of time.
E. The client reported that he/she feels confident that he/she will be able to maintain his/her abstinence from harmful sexual behavior.

7. Sexual Behavior as a Coping Mechanism (7)

A. The client identified a pattern of using sexual behavior to cope with stress or reduce tension.
B. The client identified instances in which he/she had experienced stress or tension and used sexual behavior to manage the stress and tension.
C. The client reported a decrease in sexual behavior, as he/she has learned alternative techniques for stress and tension.

8. Overarousal (8)

A. The client reported a pattern of being overly aroused by mildly sexually oriented stimuli.
B. The client described situations in which he/she has experienced significant sexual arousal, greater than would be expected for that situation.
C. The client acknowledged the inappropriateness of his/her overarousal to mildly sexually oriented matters.
D. As the client has progressed in his/her recovery, his/her overarousal to mildly sexually oriented material has decreased significantly.

9. Affective Arousal Reduction (9)

A. The client described a sense of tension or affective arousal before engaging in the sexual behavior and a reduction of tension after completing the sexual act.
B. The client's description of his/her sexual activity indicated a pattern of tension or affective arousal that only decreases after completing the sexual act.
C. The client identified his/her pattern of affective arousal and reduction.
D. As the client has developed a variety of coping skills, his/her pattern of sexual acting out has diminished.

10. Illegal Sexual Behavior with a Minor (10)

A. The client reported that he/she has experienced legal complications due to his/her sexual behavior with a minor.
B. The client described sexual behavior that is unlawful.
C. The client acknowledged the illegal pattern of his/her sexual behavior with a minor, and identified the need to change his/her pattern.
D. The client has discontinued his/her unlawful sexual behavior.

11. Substance Abuse (11)

A. The client reported the use of mind-altering substances (i.e., drugs, alcohol) concurrent to his/her impulsive, emotionally detached sexual encounters.

B. The client reported using mind-altering substances to help cope with his/her stress related to his/her impulsive, emotionally detached sexual encounters.

C. As the client has decreased and discontinued his/her impulsive, emotionally detached sexual encounters, his/her concurrent substance abuse has also diminished.

12. Sex for Drugs (12)

A. The client described that his/her pattern of chemical dependence has led to an exchange of sexual activity for mood-altering drugs.

B. The client described a reciprocal pattern of chemical use and sexual activity.

C. As the client has decreased his/her use of mood-altering drugs, his/her pattern of exchanging sex for drugs has diminished.

INTERVENTIONS IMPLEMENTED

1. Assign Step One Exercise for Addiction and Sexual Promiscuity (1)*

A. A 12-step recovery program's Step One was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings related to sexual promiscuity.

B. The client was noted to display an understanding of his/her powerlessness and unmanageability regarding addiction and sexual promiscuity issues.

C. The client endorsed the concept that was presented regarding his/her powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with sexual promiscuity.

D. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).

E. The client did not complete the assigned homework, and was redirected to do so.

F. The client refused to endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with sexual promiscuity; he/she was urged to monitor this dynamic.

2. Explore History and Nature of Sexual Promiscuity (2)

A. The client's history of promiscuous sexual activity was explored.

B. The client was assigned "Looking Closer at My Sexual Behavior" from the *Adolescent Psychotherapy Homework Planner,* 2nd ed. (Jongsma, Peterson, and McInnis).

C. The client was assisted in identifying patterns in his/her history of sexual promiscuity.

D. The client was reinforced as he/she identified specific patterns in his/her history and nature of the promiscuity.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

E. The client is quite guarded about providing information about his/her pattern of sexual promiscuity, and was urged to become more open in this area.
F. The client did not complete the assignment to look closer at his/her sexual behavior, and was redirected to do so.

3. Administer Assessment for Sexual Promiscuity (3)

A. The client was administered psychological instruments designed to objectively assess the strength of sexual promiscuity concerns.
B. The Derogatis Interview for Sexual Functioning (DISF) was administered to the client.
C. The Multiphasic Sex Inventory-II (MSI-II) was administered to the client.
D. The Sexual Adjustment Inventory (SAI) was administered to the client.
E. The client has completed the assessment of sexual promiscuity concerns, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of sexual promiscuity concerns, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of sexual promiscuity concerns, and the focus of treatment was turned toward this defensiveness.

4. Identify Negative Consequences (4)

A. The client was assisted in making a connection between his/her sexual promiscuity and the negative consequences that he/she has experienced.
B. Active listening was provided as the client identified several situations in which his/her sexual promiscuity has led to negative consequences.
C. The client was reinforced for the idea that his/her sexual promiscuity has regularly led to negative consequences.
D. The client denied any negative consequences related to his/her pattern of sexual promiscuity; tentative examples were provided.

5. List Negative Consequences (5)

A. The client was assigned to write a list of negative consequences that have occurred because of his/her sexual promiscuity and addiction.
B. The client has written his/her list of negative consequences related to sexual promiscuity and addiction, and this was processed within the session.
C. The client has not developed a list of negative consequences related to his/her sexual promiscuity and addiction, and was redirected to do so.
D. The client was assigned "Connecting Sexual Behavior with Needs" from the *Adolescent Psychotherapy Homework Planner,* 2nd ed. (Jongsma, Peterson, and McInnis).
E. The client has completed the assignment for connecting sexual behavior with needs, and his/her results were processed.
F. The client has not completed the assignment to help connect sexual behavior with needs, and this resistance was redirected.

6. Explore Impulsive Promiscuity and Negative Consequences (6)

A. The client was asked to identify situations in which he/she acted too quickly on impulses, which resulted in sexually promiscuous behavior and negative consequences.

B. Active listening was provided as the client identified specific instances of his/her sexually promiscuous behavior.
C. The client was assisted in identifying negative consequences related to his/her pattern of sexually promiscuous behavior.
D. The client was reinforced for the idea that his/her sexually promiscuous behavior often leads to negative consequences.
E. The client refused to endorse the concept that his/her sexually promiscuous behavior often leads to negative consequences; tentative examples of this pattern were presented.

7. Recognize *Insanity/*Need for a Higher Power (7)

A. The client was presented with the concept of how doing the same things over and over again but expecting different results is irrational.
B. The client was assigned the Step Two exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was presented with the concept that irrational behavior (e.g., doing the same thing over and over again and expecting different results) is what 12-step recovery programs call *insane.*
D. The client was asked to identify his/her experience of *insane* and *irrational* behavior, and how this concept applies to him/her.
E. The client rejected the concept of *insanity* as applied to his/her pattern of sexual promiscuity and addictive behavior, or the idea of a higher power restoring him/her to *sanity;* he/she was urged to monitor this dynamic.
F. The client did not complete the assigned Step Two exercise, and this resistance was processed.

8. Develop a Feedback Contract for Sexually Promiscuous Acts (8)

A. A conjoint session was held with the client's spouse, significant other, sponsor, or family member to develop a contract for feedback regarding sexually promiscuous acts.
B. The client and his/her chosen significant other were assisted in developing a contract in which the client will seek out feedback prior to engaging in sexually promiscuous acts.
C. The client identified that he/she has used the contract for feedback, and that this has decreased his/her pattern of sexually promiscuous acts; this progress was reinforced.
D. The client and his/her significant other were unable to develop a specific contract for feedback; specific examples of how others have used this concept were presented.

9. Probe for Sexually Promiscuous Precipitants (9)

A. The client was assisted in developing a biopsychosocial history regarding his/her sexual promiscuity.
B. The client was assisted, through using the biopsychosocial history, in seeing the precipitants of his/her sexual promiscuity.
C. The client was assigned "Is It Romance or Is It Fear?" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
D. The client was helped to identify specific precipitants of his/her sexual promiscuity (e.g., family patterns of promiscuity, low self-esteem, sexual abuse).
E. The client struggled to identify the precipitants of his/her sexual promiscuity; tentative examples were provided.

F. The client did not complete the assignment related to the possible causes for sexual promiscuity and was redirected to do so.

10. Refer for Psychopharmacological Intervention (10)

A. The client was referred to a physician for the purpose of evaluation for a prescription for psychotropic medication.
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none were prescribed.
C. The client has been prescribed psychotropic medications.
D. The client has refused a prescription of psychotropic medications provided by the physician.
E. The client's physician has continued to monitor and titrate medications.

11. Monitor Medication Effectiveness and Side Effects (11)

A. As the client has taken medications prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial; this was relayed to the prescribing clinician.
C. The client reported that the psychotropic medication has not been beneficial; this was relayed to the prescribing clinician.
D. The client has not consistently taken the prescribed medications, and has been redirected to do so.
E. The client identified side effects of the medication; this was relayed to the prescribing clinician.

12. Uncover and Replace Dysfunctional Thoughts (12)

A. The client was assisted in identifying distorted, dysfunctional thoughts that lead to sexual promiscuity.
B. The client identified a variety of distorted, dysfunctional thoughts in which he/she engages; this progress was reinforced.
C. The client was assisted in identifying more accurate, positive, self-enhancing, and adaptive thoughts to replace his/her distorted, dysfunctional thinking.
D. The client was reinforced for a more adaptive, accurate pattern of thinking.
E. The client struggled to identify or replace his/her dysfunctional thoughts that lead to sexual promiscuity; tentative examples were provided.

13. List and Use Self-Enhancing Thoughts (13)

A. The client was assisted in developing a list of positive, accurate, self-enhancing thoughts.
B. The client was reinforced for his/her list of positive, accurate, self-enhancing thoughts.
C. The client was assigned the task of reading his/her positive, accurate, self-enhancing thoughts each day, particularly when feeling tense or disparaged.
D. The client reported that he/she is regularly using his/her positive, accurate, self-enhancing thoughts; this progress was reinforced.
E. The client has struggled to list his/her positive, accurate, self-enhancing thoughts, and has not been reading these on a regular basis; he/she was redirected to do so.

14. Probe and Replace Unhealthy Coping Behaviors (14)

A. The client's behavior patterns were probed to identify the behaviors that he/she uses to cope with anxiety.
B. The client was taught, through modeling, role-playing, and behavior rehearsal, about new anxiety-coping behaviors that are positive and adaptive (e.g., talking to someone about the problem, taking a time-out, calling the sponsor, going to a meeting, engaging in exercise, practicing relaxation).
C. The client identified his/her unhealthy behaviors that he/she uses to cope with anxiety; this insight was reinforced.
D. The client was reinforced for an understanding of positive and adaptive coping behaviors.
E. The client reported that he/she is regularly using positive and adaptive coping behaviors; this progress was reinforced.
F. The client often does not use healthy coping behaviors and was redirected to use these.

15. Teach Relaxation Techniques (15)

A. The client was taught relaxation techniques (e.g., progressive relaxation, self-hypnosis, biofeedback) in order to help him/her relax completely.
B. The client was assigned "Learning to Self-Soothe" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client was encouraged to use relaxation skills when feeling tense or anxious.
D. The client has implemented the relaxation techniques, and reported a decreased reactivity to anxious feelings; this progress was highlighted.
E. The client has not implemented the relaxation techniques and continues to feel quite stressed and anxious in anxiety-producing situations, and was redirected to implement the techniques.
F. The client did not complete the assignment related to self-soothing and was redirected to do so.

16. Teach the Assertive Communication Formula (16)

A. The client was taught the assertive communication skills formula, "I feel ... when you .... I would prefer it if ...."
B. The assertiveness formula was practiced in several different role-playing situations related to the client's current problems.
C. The client identified that he/she has used the assigned assertive communication formula.
D. The client indicated that he/she has not used the assertive communication formula, and was redirected to do so.

17. Review the Implementation of Assertiveness (17)

A. The client's use of the assertiveness formula was reviewed.
B. Active listening was provided as the client reported on his/her experience of the consequences of being assertive, as well as his/her emotions related to these interactions.
C. The client was assisted in adapting the assertiveness techniques to his/her situation.
D. The client was given feedback about his/her use of his/her assertiveness skills.

18. Teach about "Stop, Look, Listen, Think, and Plan before Acting" (18)

A. The client was taught, through modeling, role-playing, and behavior rehearsal, about the use of "stop, look, listen, think, and plan before acting" skills in several life scenarios.

B. The client was supported as he/she enacted "stop, look, listen, think, and plan before acting" as applied to a variety of current situations.
C. The client was encouraged to use the "stop, look, listen, think, and plan before acting" technique to control acting impulsively in his/her daily life.
D. The client was reinforced for his/her use of the "stop, look, listen, think, and plan before acting."
E. The client reported that he/she has struggled to use the "stop, look, listen, think, and plan before acting," and was redirected to do so.

19. Review "Stop, Look, Listen, Think, and Plan before Acting" (19)

A. The use of the "stop, look, listen, think, and plan before acting" technique was reviewed in the client's day-to-day living.
B. Active listening was provided as the client identified his/her use of the plan to "stop, look, listen, think, and plan before acting," and identified his/her emotional and behavioral consequences.
C. The client was given feedback about his/her use of the "stop, look, listen, think, and plan before acting" technique.

20. Assign Step Three Exercise (20)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over to a higher power."
B. The client was assigned the task of turning over problems to a higher power each day, and to record the experiences in a journal.
C. The client's pattern of turning problems over to a higher power was discussed in terms of how this can be beneficial to recovering from sexual promiscuity and addiction.
D. The client's experience of turning problems over to his/her higher power was processed.
E. The client reports a decrease in sexual promiscuity and addiction problems since he/she has turned problems over to a higher power each day; this progress was reinforced.
F. The client struggled with the concept and implementation of turning his/her problems over to a higher power, and was provided with tentative examples of how to use this resource (e.g., understanding God's forgiveness and grace, practicing regular prayer, turning cravings over to God).

21. Assign a Fourth Step (21)

A. The client was assigned to complete a fourth-step inventory and to relate the nature of his/her wrongs to sexual promiscuity and addiction issues.
B. The client completed the fourth-step inventory and was assigned to share this with a clergy person or someone else in recovery.
C. The client shared his/her fourth-step inventory and was noted to find this helpful.
D. The client has not completed his/her fourth-step inventory, and was redirected to do so.

22. Explore History of Sexual Abuse (22)

A. The client's history was explored to determine whether he/she had been a victim of sexual abuse.

B. The client confirmed that he/she has been a victim of sexual abuse, and this experience was noted to have had a significant impact on his/her sexual attitudes and behavior.
C. The client reported that he/she had no knowledge or evidence that he/she had been a victim of sexual abuse; this was accepted at face value.

23. Teach Connection between Sexual Abuse and Current Sexual Activity (23)

A. The client was assisted in looking at the connection between being treated as a sexual object and treating others as such.
B. The client received verbal support and encouragement as he/she shared how sexual abuse has affected him/her.
C. Positive feedback was provided for the client's development of insight into the impact of his/her being a sexual abuse victim and his/her current sexual acting out.
D. The client denied any connection between his/her sexual abuse experience and his/her current sexual activity; he/she was urged to monitor this dynamic.

24. Teach the Value of True Sexual Intimacy (24)

A. The client was taught the value of reserving sexual intimacy for a committed, mutually respectful relationship with longevity.
B. The client was assisted in developing a list of relationship characteristics that would indicate the potential for true sexual intimacy.
C. The client was reinforced for his/her endorsement of his/her desire to reserve sexual intimacy for a committed, mutually respectful relationship with longevity.
D. It was reflected to the client that he/she does not accept the value of true sexual intimacy.

25. Teach Connection between Past Rejection and Current Problems (25)

A. The client was helped to become aware of his/her fear of rejection and its connection to his/her past life experiences of abuse, abandonment, and rejection.
B. Past experiences of rejection and abandonment were explored with the client to build his/her awareness of their current impact on sexual acting out in search of acceptance and affirmation.
C. The client was reinforced as he/she has acknowledged the connection between his/her history of rejection and abuse and his/her current promiscuity.
D. The client remains in denial about the impact of his/her past experience of rejection and abandonment; this denial was reflected to the client.

26. Identify Distorted Thoughts as Triggers (26)

A. The client was assisted in increasing his/her ability to recognize distorted thoughts that trigger sexual acting-out behavior.
B. The client identified a variety of thoughts and situations that trigger urges to act out sexually; this insight was reinforced.
C. The client was unable to identify thoughts and situations that cause him/her to act out in a sexual manner, and was provided with tentative examples of this dynamic.

27. Develop Adaptive Behaviors (27)

A. The client was assisted in identifying adaptive behaviors.

B. The client was reinforced for identifying the adaptive behaviors that he/she would use to cope with specific trigger situations.
C. Positive reinforcement was provided for the client's regular implementation of his/her adaptive behaviors during trigger situations.
D. The client has not used his/her adaptive coping techniques, and was redirected to do so.

28. List Advantages for Being Monogamous (28)

A. The client was assisted in identifying a list of personal advantages for his/her becoming monogamous in sexually intimate behavior (e.g., increased self-esteem, development of trust and respect from others, living within a spiritual value system, reduced health risk).
B. Active listening was provided as the client identified a variety of personal advantages for his/her monogamy.
C. The client struggled to identify advantages to monogamy, and was redirected to review these concerns.

29. Develop an Aftercare Plan (29)

A. The client was assisted in developing an aftercare plan that will support recovery from his/her sexual promiscuity and addiction problems, including his/her regular attendance at Alcoholics Anonymous/Narcotics Anonymous (AA/NA) meetings.
B. The client was assigned "Personal Recovery Plan" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client has listed several components of an aftercare plan that will support his/her sobriety (e.g., self-help groups, a sponsor, family activities, any further therapy that is necessary to recover from sexual promiscuity and any other addictive behavior); this list was processed.
D. The client was reinforced for the active pursuit of the elements of his/her aftercare plan.
E. The client has not followed through on his/her aftercare plan, and was redirected to do so.
F. The client did not complete the assignment related to a personal recovery plan and was redirected to do so.

30. Re-administer Psychological Instruments (30)

A. The outcome of treatment was assessed via the re-administration of objective tests of sexual promiscuity.
B. The client produced treatment outcome test scores indicating improvement on sexual promiscuity concerns; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on sexual promiscuity concerns; this lack of progress was presented to the client.

31. Assess Satisfaction (31)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SOCIAL ANXIETY/SKILLS DEFICIT

CLIENT PRESENTATION

1. Lack of Learned Social Skills (1)*

A. The client described that he/she has had little experience in social relationships.
B. The client acknowledged that he/she has never learned social skills that would decrease anxiety and increase confidence.
C. The client is often insecure about the social aspects of relationships.
D. As the client's involvement in social relationships has increased, skill confidence has increased and anxiety has decreased.
E. The client reports an increased confidence in the social aspects of relationships.

2. Excessive Fear and Worry (2)

A. The client described a preoccupation with worry or fears regarding social circumstances that have no factual or logical basis.
B. The client showed some recognition that his/her excessive worry and fears are beyond the scope of rationality, but he/she is unable to control it.
C. The client described that he/she worries about issues related to getting along with others, how others will perceive him/her, and how he/she should act in social situations.
D. The client reported that his/her worry about social circumstances has diminished, and he/she is living with more of a sense of peace and confidence.

3. Uncomfortable in Group Meetings (3)

A. The client verbalized fears about social interaction, which have prevented him/her from feeling comfortable in group meetings.
B. The client has been fearful of social interaction for as long as he/she can remember.
C. The client has begun to believe that others can and do accept him/her, and has been more comfortable in group meetings.

4. Anticipates Others' Blame (4)

A. The client described a tendency to believe that others are blaming him/her for the slightest imperfection or mistake.
B. The client described the internal, unverbalized thoughts that he/she believes others are having regarding his/her small imperfections or mistakes.
C. As the client's social interactions increased, he/she has begun to believe that others have a positive regard for him/her and are not blaming him/her for imperfections or mistakes.
D. The client described situations in which others' acceptance of him/her has been welcomed and noted.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Symptoms of Physiological Anxiety (5)

A. The client has an increased heart rate, sweating, dry mouth, muscle tension, and shakiness in most social situations.
B. As the client has learned more social skills and developed more confidence in himself/herself, the intensity and frequency of physiological anxiety symptoms has diminished.
C. The client reported engaging in social activities without experiencing any physiological anxiety symptoms.

6. Symptoms of Motor Tension (6)

A. The client described a history of restlessness, tiredness, muscle tension, and shaking.
B. The client moved about in his/her chair frequently and sat stiffly.
C. The client said that he/she is unable to relax and is always restless and stressed.
D. The client reported that he/she has been successful at reducing levels of tension and increasing levels of relaxation.

7. Symptoms of Hypervigilance (7)

A. The client related that he/she is constantly feeling on edge, that sleep is interrupted, and that concentration is difficult.
B. The client reported being irritable and snappy when interacting with others, as his/her patience is thin and he/she is worrying about everything.
C. The client's family members report that he/she is difficult to get along with, as his/her irritability is high.
D. The client's level of tension has decreased, sleep has improved, and irritability has diminished, as new anxiety-coping skills have been implemented.

8. Substance Abuse (8)

A. The client has used alcohol and/or other chemicals to help reduce the anxiety of becoming involved in social situations.
B. The client reported that only when he/she is under the influence of a mood-altering substance is he/she able to relate to others comfortably.
C. The client has acknowledged that his/her use of alcohol and/or other mood-altering chemicals to cope with social anxiety is not adaptive.
D. The client has terminated the use of alcohol and/or other mood-altering chemicals to cope with social anxiety.
E. The client reported being able to interact socially with others without anxiety, in spite of not using alcohol or other mood-altering chemicals.

9. Inability to Initiate and Maintain Relationships (9)

A. The client described an inability to establish, nurture, and maintain meaningful interpersonal relationships.
B. The client's difficulty in relationships is related to his/her lack of social skills, including his/her failure to listen, support, communicate or negotiate differences of opinion.
C. The client often fails to work through problem situations within his/her relationships, leading to lost or diminished relationships.

D. As the client's social anxiety has diminished, his/her social skills have improved; he/she is listening, supporting, communicating, and negotiating.

10. Socially Inappropriate Behavior (10)

A. The client has demonstrated a repeated pattern of socially inappropriate behavior.
B. The client's social behavior appears to be dominated by his/her experience of social anxiety, which causes conflicts in relationships.
C. The client's inappropriate social behavior has diminished in frequency and intensity.
D. The client no longer displays inappropriate social behaviors.

INTERVENTIONS IMPLEMENTED

1. Build Rapport (1)*

A. Consistent eye contact, active listening, unconditional positive regard, and warm acceptance were used to build rapport with the client.
B. The client began to express feelings more freely as rapport and trust levels increased.
C. The client has continued to experience difficulty being open and direct in his/her expression of painful feelings; he/she was encouraged to be more open as he/she feels safer.

2. Assess Nature of Social Discomfort Symptoms (2)

A. The client was asked about the frequency, intensity, duration, and history of his/her social discomfort symptoms, fear, and avoidance.
B. The Anxiety Disorder's Interview Schedule for *DSM-IV* (DiNardo, Brown, and Barlow) was used to assess the client's social discomfort symptoms.
C. The assessment of the client's social discomfort symptoms indicated that his/her symptoms are extreme and severely interfere with his/her life.
D. The assessment of the client's social discomfort symptoms indicated that these symptoms are moderate and occasionally interfere with his/her daily functioning.
E. The results of the assessment of the client's social discomfort symptoms indicated that these symptoms are mild and rarely interfere with his/her daily functioning.
F. The results of the assessment of the client's social discomfort symptoms were reviewed with the client.

3. Explore Social Discomfort Stimulus Situations (3)

A. The client was assisted in identifying specific stimulus situations that precipitate social discomfort symptoms.
B. The client was assigned "Monitoring My Panic Attack Experiences" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client could not identify any specific stimulus situations that produce social discomfort; he/she was helped to identify that they occur unexpectedly and without any pattern.
D. The client was helped to identify that his/her social discomfort symptoms occur when he/she is expected to perform basic social interaction expectations.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

4. Assign Social Anxiety Record (4)

A. The client was assigned to keep a record of social anxiety, including a description of each situation that caused anxious feelings, the rating of the severity using Subjective Units of Distress (SUDs), and the thoughts that triggered the anxiety.
B. The client kept a daily record of social anxiety, and this was processed within the session, with a focus on uncovering the dysfunctional, distorted thoughts that fuel the social anxiety.
C. The client was assisted in identifying his/her pattern of social anxiety and dysfunctional, distorted thoughts that have fueled the social anxiety.
D. The client has not kept a daily record of his/her social anxiety, and was redirected to do so.
E. The client has struggled to identify the dysfunctional, distorted thoughts that fuel the social anxiety, and this was processed within the session.

5. Assess Social Anxiety and Social Skills Objectively (5)

A. The client was administered psychological instruments designed to objectively assess social anxiety and social skills.
B. The client was administered the Liebowitz Social Anxiety Scale (LSAS).
C. The client was administered the Social Phobia and Anxiety Inventory (SPAI).
D. The Social Interaction Anxiety Scale (SIAS) was administered to the client.
E. The Brief Social Phobia Scale (BSPS) was administered to the client.
F. The client was administered the Social Reticence Scale (SRS).
G. The client was administered the Social Skills Inventory (SSI).
H. The client was provided with feedback regarding the results of the social anxiety and social skills assessment.
I. The client declined to take the psychological instruments designed to objectively assess social anxiety and social skills, and the focus of treatment was turned toward this resistance.

6. Explore How Anxiety and Addiction Make Life Unmanageable (6)

A. The client was presented with the concept that his/her powerlessness over social anxiety and addiction makes his/her life unmanageable.
B. The client was reinforced as he/she was able to identify specific examples during which he/she has been powerless over his/her addiction and has experienced social anxiety, causing his/her life to be unmanageable.
C. As the client has decreased his/her social anxiety, his/her life has been noted to become somewhat more manageable.

7. Teach about the Relationship between Anxiety and Addiction (7)

A. The client was taught the relationship between anxiety and addiction, including how substances were used to treat the social anxiety symptoms.
B. The client was taught about how more substances become necessary to treat the ongoing social anxiety symptoms.
C. The client accepted the relationship between social anxiety and addiction and was helped to identify specific examples from his/her experiences that support this pattern.
D. The client reported decreased substance use during anxious situations; this progress was reinforced.

8. Recognize *Insanity* (8)

A. The client was presented with the concept of how doing the same things over and over again but expecting different results is *irrational.*

B. The client was presented with the concept that *irrational* behavior (e.g., doing the same thing over and over and expecting different results) is what 12-step recovery programs call *insane.*

C. The client was asked to identify his/her experience of *insane* and *irrational* behavior, and how this concept applies to him/her.

D. The client was unable to identify any experience of *insane* and *irrational* behavior, and was provided with tentative examples in this area.

9. Refer for Medication Evaluation (9)

A. Arrangements were made for the client to have a physician evaluation for the purpose of considering psychotropic medication to alleviate social discomfort symptoms.

B. The client has followed through with seeing a physician for an evaluation of any organic causes for the anxiety and the need for psychotropic medication to control the anxiety response.

C. The client has not cooperated with the referral to a physician for a medication evaluation and was encouraged to do so.

10. Monitor Medication Compliance (10)

A. The client reported that he/she has taken the prescribed medication consistently and that it has helped to control the anxiety; this was relayed to the prescribing clinician.

B. The client reported that he/she has not take the prescribed medication consistently and was encouraged to do so.

C. The client reported taking the prescribed medication and stated that he/she has not noted any beneficial effect from it; this was reflected to the prescribing clinician.

D. The client was evaluated but was not prescribed any psychotropic medication by the physician.

11. Refer to Group Therapy (11)

A. The client was referred to a small (closed enrollment) group for social anxiety.

B. The client was enrolled in a social anxiety group as defined in the *Group Therapy Treatment Planner*, 2nd ed. (Paleg and Jongsma).

C. The client was enrolled in a social anxiety group as defined in *Social Anxiety Disorder* (Turk, Heimberg, and Hope) and the *Clinical Handbook of Psychological Disorders* (Barlow).

D. The client was enrolled in a group based on "shyness" as described in the G*roup Therapy Treatment Planner*, 2nd ed. (Paleg and Jongsma).

E. The client was referred to a treatment group based on "Social Anxiety Disorder" as described in the *Clinical Handbook of Psychological Disorders* (Barlow).

F. The client has participated in the group therapy for social anxiety; his/her experience was reviewed and processed.

G. The client has not been involved in group therapy for social anxiety concerns and was redirected to do so.

12. Discuss Cognitive Biases (12)

A. A discussion was held regarding how social anxiety derives from cognitive biases that overestimate negative evaluation by others, undervalue the self, increase distress, and often lead to unnecessary avoidance.

B. The client was provided with examples of cognitive biases that support social anxiety symptoms.

C. The client was reinforced as he/she identified his/her own cognitive biases.

D. The client was unable to identify any cognitive biases that support his/her anxiety symptoms and was provided with tentative examples in this area.

13. Assign Information on Social Anxiety, Avoidance, and Treatment (13)

A. The client was assigned to read information on social anxiety that explains the cycle of social anxiety and avoidance and provides a rationale for treatment.

B. The client was assigned information about social anxiety, avoidance, and treatment from *Overcoming Shyness and Social Phobia* (Rapee).

C. The client was assigned information about social anxiety, avoidance, and treatment from *Overcoming Social Anxiety and Shyness* (Butler).

D. The client was referred to the *Shyness and Social Anxiety Workbook* (Antony and Swanson).

E. The client has read the information on social anxiety, avoidance, and treatment, and key concepts were reviewed.

F. The client has not read the assigned material on social anxiety, avoidance, and treatment and was redirected to do so.

14. Discuss Cognitive Restructuring (14)

A. A discussion was held about how cognitive restructuring and exposure serve as an arena to desensitize learned fear, build social skills and confidence, and reality-test biased thoughts.

B. The client was reinforced as he/she displayed a clear understanding of the use of cognitive restructuring and exposure to desensitize learned fear, build social skills and confidence, and reality-test biased thoughts.

C. The client did not display a clear understanding of the use of cognitive restructuring and exposure and was provided with remedial feedback in this area.

15. Assign Information on Cognitive Restructuring and Exposure (15)

A. The client was assigned to read about how cognitive restructuring and exposure-based therapy could be beneficial.

B. The client was assigned to read excerpts from *Managing Social Anxiety* (Hope, Heimberg, Juster, and Turk).

C. The client was assigned to read portions of *Dying of Embarrassment* (Markaway, Carmin, Pollard, and Flynn).

D. The client has read the assigned information on cognitive restructuring and exposure-based therapy techniques, and key points were reviewed.

E. The client has not read the assigned information on cognitive restructuring and exposure-based therapy techniques, and he/she was redirected to do so.

16. Teach Anxiety Management Skills (16)

A. The client was taught anxiety management skills.
B. The client was taught about staying focused on behavioral goals and riding the wave of anxiety.
C. Techniques for muscular relaxation and paced diaphragmatic breathing were taught to the client.
D. The client was reinforced for his/her clear understanding and use of anxiety management skills.
E. The client has not used his/her new anxiety management skills and was redirected to do so.

17. Assign Calming and Coping Strategy Information (17)

A. The client was assigned to read about calming and coping strategies in books or treatment manuals on social anxiety.
B. The client was assigned to read portions of *Overcoming Shyness and Social Phobia (*Rapee).
C. The client has read the assigned information on calming and coping strategies, and key points were reviewed.
D. The client has not read the information on calming and coping strategies, and he/she was redirected to do so.

18. Identify Distorted Thoughts (18)

A. The client was assisted in identifying the distorted schemas and related automatic thoughts that mediate social anxiety responses.
B. The client was taught the role of distorted thinking in precipitating emotional responses.
C. The client was reinforced as he/she verbalized an understanding of the cognitive beliefs and messages that mediate his/her anxiety responses.
D. The client was assisted in replacing distorted messages with positive, realistic cognitions.
E. The client failed to identify his/her distorted thoughts and cognitions and was provided with tentative examples in this area.

19. Assign Reading on Cognitive Restructuring (19)

A. The client was assigned to read information about cognitive restructuring in books or treatment manuals on social anxiety.
B. The client was assigned to read excerpts from the *Shyness and Social Anxiety Workbook* (Antony and Swinson).
C. The client has read the assigned information on cognitive restructuring, and key points were reviewed.
D. The client has not read the assigned information on cognitive restructuring and was redirected to do so.

20. Assign Exercises on Self-Talk (20)

A. The client was assigned homework exercises in which he/she identifies fearful self-talk and creates reality-based alternatives.
B. The client was assigned "Restoring Socialization Comfort" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client was directed to do assignments from the *Shyness and Social Anxiety Workbook* (Antony and Swinson).
D. The client was directed to complete assignments from *Overcoming Shyness and Social Phobia* (Rapee).
E. The client's replacement of fearful self-talk with reality-based alternatives was critiqued.
F. The client was reinforced for his/her successes at replacing fearful self-talk with reality-based alternatives.
G. The client was provided with corrective feedback for his/her failures to replace fearful self-talk with reality-based alternatives.
H. The client has not completed his/her assignment regarding fearful self-talk and was redirected to do so.

21. Construct Anxiety Stimuli Hierarchy (21)

A. The client was assisted in constructing a hierarchy of anxiety-producing situations associated with his/her phobic fear.
B. It was difficult for the client to develop a hierarchy of stimulus situations, as the causes of his/her fear remain quite vague; he/she was assisted in completing the hierarchy.
C. The client was successful at completing a focused hierarchy of specific stimulus situations that provoke anxiety in a gradually increasing manner; this hierarchy was reviewed.

22. Select Exposures that Are Likely to Succeed (22)

A. Initial *in vivo* or role-played exposures were selected, with a bias toward those that have a high likelihood of being a successful experience for the client.
B. Cognitive restructuring was done within and after the exposure using behavioral strategies (e.g., modeling, rehearsal, social reinforcement).
C. *In vivo* or role-played exposures were patterned after those in "Social Anxiety Disorder" by Turk, Heimberg, and Hope in the *Clinical Handbook of Psychological Disorders* (Barlow).
D. A review was conducted with the client about his/her use of *in vivo* or role-played exposure.
E. The client was provided with positive feedback regarding his/her use of exposures.
F. The client has not used *in vivo* or role-played exposures and was redirected to do so.

23. Assign Reading on Exposure (23)

A. The client was assigned to read about exposure in books or treatment manuals on social anxiety.
B. The client was assigned to read excerpts from the *Shyness and Social Anxiety Workbook* (Antony and Swinson).
C. The client was assigned portions of *Overcoming Shyness and Social Phobia* (Rapee).
D. The client's information about exposure was reviewed and processed.
E. The client has not read the information on exposure and was redirected to do so.

24. Assign Homework on Exposure (24)

A. The client was assigned homework exercises to perform sensation exposure and record his/her experience.
B. The client was assigned "Gradually Reducing Your Phobic Fear" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

C. The client was assigned sensation exposure homework from the *Shyness and Social Anxiety Workbook* (Antony and Swinson).
D. The client was directed to complete assignments from *Overcoming Shyness and Social Phobia* (Rapee).
E. The client's use of sensation exposure techniques was reviewed and reinforced.
F. The client has struggled in his/her implementation of sensation exposure techniques and was provided with corrective feedback.
G. The client has not attempted to use the sensation exposure techniques and was redirected to do so.

25. Build Social and Communication Skills (25)

A. Instruction, modeling, and role-playing were used to build the client's general social and communication skills.
B. Techniques from *Social Effectiveness Therapy* (Turner, Beidel, and Cooley) were used to teach social and communication skills.
C. Positive feedback was provided to the client for his/her increased use of social and communication skills.
D. Despite the instruction, modeling, and role-playing about social and communication skills, the client continues to struggle with these techniques and was provided with additional feedback in this area.

26. Assign Information on Social and Communication Skills (26)

A. The client was assigned to read about general social and/or communication skills in books or treatment manuals on building social skills.
B. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
C. The client was assigned to read *Conversationally Speaking* (Garner).
D. The client has read the assigned information on social and communication skills, and key points were reviewed.
E. The client has not read the information on social and communication skills and was redirected to do so.

27. Differentiate between Lapse and Relapse (27)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms, fear, or urges to avoid.
C. A relapse was associated with the decision to return to fearful and avoidant patterns.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse, and he/she was provided with remedial feedback in this area.

28. Discuss Management of Lapse Risk Situations (28)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was reinforced for his/her appropriate use of lapse management skills.
D. The client was redirected in regard to his/her poor use of lapse management skills.

29. Encourage Routine Use of Strategies (29)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring, exposure).
B. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
C. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
D. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

30. Develop a Coping Card (30)

A. The client was provided with a coping card on which specific coping strategies were listed.
B. The client was assisted in developing his/her coping card in order to list his/her helpful coping strategies.
C. The client was encouraged to use his/her coping card when struggling with anxiety-producing situations.

31. Teach about a Higher Power (31)

A. The client was presented with information about how faith in a higher power can aid in recovery from anxiety and addiction concerns.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power, and the benefits of turning his/her will and life over to the care of a higher power.
C. The client was encouraged to turn his/her will and life over to the care of a higher power of his/her own understanding.
D. The client described a sense of relief and empowerment by turning his/her social anxiety, addiction, will, and life over to the care of a higher power; he/she was reinforced for this progress.
E. The client rejected the idea of a higher power as a way to resolve addiction, social anxiety, and other unmanageable problems; he/she was urged to remain open to this concept.

32. Use Step Three (32)

A. The client was taught a 12-step program's third step, focusing on how to turn over problems, worries, and anxieties to a higher power.
B. The client was taught about trusting that a higher power is going to help him/her resolve the situation.
C. The client participated in turning problems, worries, and social anxieties over to a higher power, and he/she is trusting that the higher power is going to help him/her resolve the situation; he/she was reinforced for this progress.

D. The client rejected the idea of turning his/her problems, worries, and anxieties over to a higher power, and he/she does not feel that this will be helpful in resolving the situation; he/she was urged to keep this Step Three task in mind.

33. Review Implementation of the Third Step (33)

A. The client's implementation of the third-step exercise of turning social anxieties over to a higher power was reviewed.
B. The client reported success in turning over social anxieties to a higher power, and he/she was verbally reinforced and encouraged.
C. The client reported difficulty or failure at attempting to turn anxieties over to a higher power, and these difficulties or failures were reviewed, problem-solved, and redirected.
D. It was noted that as the client has successfully turned anxieties over to a higher power, he/she has reported an increased pattern of relief from his/her anxieties and addictive behavior.

34. Probe Family-of-Origin Experiences (34)

A. Today's therapy session explored family-of-origin experiences for learning to be fearful and anxious in social situations.
B. The client was asked to explore how childhood experiences related to current anxious thoughts, feelings, and behavior.
C. The client was given support and affirmation regarding the uncomfortable feelings related to fear-producing situations from his/her family of origin.
D. The client continued to exhibit social anxiety related to family-of-origin experiences; he/she was encouraged to continue to work through the family-of-origin issues.

35. Clarify and Express Past Feelings (35)

A. The client was encouraged and reinforced to share honestly and openly regarding his/her past rejection experiences, harsh criticism, abandonment, or trauma.
B. As the client expressed and clarified his/her feelings associated with past rejection experiences, harsh criticism, abandonment, or trauma, he/she was given strong reinforcement.
C. The client continues to struggle with sharing openly and honestly his/her feelings associated with past rejection experiences, harsh criticism, abandonment, or trauma; support was provided.

36. Assign Books on Shame (36)

A. The client was assigned to read excerpts from books on shame (e.g., *Healing the Shame That Binds You* [Bradshaw] and *Facing Shame* [Fossum and Mason]).
B. The client has followed through with learning about shame through books (e.g., *Healing the Shame That Binds You* [Bradshaw] and *Facing Shame* [Fossum and Mason]); key concepts were reviewed.
C. The client has not read the recommended material on the topic of shame, and was encouraged to do so.

37. Assign an Autobiography (37)

A. The client was directed to write an autobiography detailing the exact nature of his/her painful experiences.

B. The client's autobiography detailing the exact nature of his/her painful experiences was reviewed.
C. The client has not completed his/her autobiography, and was redirected to do so.
D. The client was taught about the concept of forgiveness toward others and himself/herself.
E. The client endorsed the need to forgive himself/herself and others, and this was processed.
F. The client rejected the concept of forgiving others or the need to forgive himself/herself; he/she was urged to reconsider this concept.

38. Plan to Engage in Pleasurable Leisure Activities (38)

A. The client was assisted in listing enjoyable leisure activities in which he/she can engage to reduce stress and increase enjoyment in life.
B. The client was assisted in identifying and planning for a variety of leisure activities.
C. A contract was developed for the client to engage in one or two pleasurable leisure activities per week.
D. The client reported engaging in one or two pleasurable leisure activities per week, and was given positive feedback for this.
E. The client indicated that he/she has not engaged in pleasurable leisure activities, and was redirected to do so.

39. Assign Regular Exercise (39)

A. The client was assigned to consistently implement an exercise routine that was developed based on his/her current physical fitness levels.
B. Positive reinforcement was provided as the client has begun to increase his/her exercise level by 10 percent per week.
C. The client has sustained his/her exercise level to at least three exercise periods per week, maintaining a training heart rate for at least 20 minutes; his/her better health was highlighted.
D. The client has not followed through on his/her exercise program, and was redirected to do so.

40. Urge Attendance at Social/Recreational Activities (40)

A. The client was urged to attend and participate in available social and recreational activities within the treatment program.
B. The client was urged to attend and participate in available social and recreational activities within the community.
C. The client was assigned "Using My Support Network" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
D. The client was noted to have increased his/her involvement in available social and recreational activities, and was praised for this success.
E. The client has not increased his/her participation in available social and recreational activities within the treatment program or the community, and was urged to do so.

41. Develop Recovery Group Involvement (41)

A. The client was taught about how active involvement in a recovery group is a way to build trust in others and confidence in himself/herself.

B. The client was assigned to assist others within the recovery group setting.
C. The client was referred to an appropriate recovery group.
D. Active listening skills were used as the client described involvement in an active recovery group.
E. The client reported that he/she has not followed through with involvement in a recovery group, and was redirected to do so.

42. Increase Interaction (42)

A. The client's general level of interaction with others was monitored.
B. The client was encouraged to engage in social interaction with others.
C. Redirection was provided to the client when he/she missed opportunities to increase interaction with others.
D. The client was reinforced for his/her increase in involvement with others.

43. Re-administer Psychological Instruments (43)

A. The outcome of treatment was assessed via the re-administration of objective tests of social anxiety and social skills.
B. The client produced treatment outcome test scores indicating improvement on social anxiety and social skills; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating lack of improvement social anxiety and social skills; this lack of progress was presented to the client.

44. Assess Satisfaction (44)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SPIRITUAL CONFUSION

CLIENT PRESENTATION

1. Spiritual Confusion Affects Recovery (1)*

A. The client presented a negative attitude regarding his/her recovery.
B. The client identified that his/her negative attitude about recovery is related to his/her confusion about spiritual matters.
C. The client is uncertain about the use of a higher power in his/her recovery.
D. As the client has developed better understanding regarding his/her spiritual issues, his/her negative attitude about recovery has dissipated.
E. The client is quite focused on his/her recovery.

2. Religious Convictions Condemn Addiction/Recovery (2)

A. The client described that his/her religious convictions are condemning of his/her addictive behavior and the use of a 12-step recovery program.
B. The client described reluctance to be involved in a 12-step recovery program, due to his/her religious convictions.
C. The client has been able to resolve the contradictions he/she has experienced regarding his/her religious convictions and the 12-step recovery program.
D. The client is utilizing his/her religious convictions and a 12-step recovery program in a synchronistic manner.

3. Fears God's Anger (3)

A. The client reported that he/she believes that God is angry with him/her.
B. The client reported that he/she fears that God is angry with him/her, resulting in withdrawal from developing his/her relationship with a higher power.
C. The client has processed his/her fear and distrust and has developed a more positive attitude about God.
D. The client verbalized positive feelings toward God being a part of his/her life.

4. Anger at God (4)

A. The client reported that he/she is angry at God, which has led to his/her rejection of spiritual issues.
B. The client reported fear about describing his/her anger at God.
C. The client has processed his/her feelings of fear and anger, and has developed a more positive attitude about God.
D. The client verbalized positive feelings toward God as part of his/her life.

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5. Religion Unsupportive of 12-Step Recovery Program (5)

A. The client identified that his/her religious system does not support the use of a 12-step recovery program.
B. The client reported that he/she has resolved the contradictions between his/her use of a 12-step recovery program and his/her active involvement in his/her religious system.
C. The client is utilizing his/her religious system and a 12-step recovery program in an integrated manner.

6. Higher Power Confusion (6)

A. The client indicated that he/she did not understand the issues related to a need for a higher power.
B. The client verbalized an understanding of issues related to a higher power, but does not believe that he/she has a personal need for a higher power.
C. The client verbalized a desire for a closer relationship with his/her higher power.
D. The client reported feeling more in touch with, understood by, and supported by a higher power.

7. Denies Higher Power (7)

A. The client described spiritual beliefs that are negative toward the existence of a higher power.
B. The client stated that he/she does not believe in God.
C. The client has resolved many of his/her concerns regarding a higher power, and has begun to understand the need for this power in his/her life.
D. The client has found a meaningful relationship with God that brings comfort, support, encouragement, and direction.

8. Refuses Conscious Contact with God (8)

A. The client identified that he/she refuses to seek conscious contact with God, due to his/her pattern of anger with God.
B. As the client has worked through his/her anger with God, he/she has begun to seek conscious contact with God.
C. The client reported feeling more in touch with, understood by, and supported by God.

INTERVENTIONS IMPLEMENTED

1. Explore Spiritual History (1)*

A. The client's spiritual journey and religious training were explored.
B. The client's thoughts and feelings toward a higher power were explored.
C. The client's current spiritual practices were reviewed.
D. The client was assigned "My History of Spirituality" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).

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E. The client has completed the assignment and the results of this information were reviewed.
F. The client has not completed the assigned homework and was redirected to do so.
G. The client was provided with feedback regarding his/her spiritual journey, religious training, thoughts and feelings toward a higher power, and current spiritual practices.

2. Administer Assessment for Spiritual Confusion (2)

A. The client was administered psychological instruments designed to objectively assess spiritual confusion.
B. The Spiritual Well-Being Scale (SWBS) was administered to the client.
C. The client has completed the assessment of spiritual confusion concerns, and minimal concerns were identified; these results were reported to the client.
D. The client has completed the assessment of spiritual confusion concerns, and significant concerns were identified; these results were reported to the client.
E. The client refused to participate in psychological assessment of spiritual confusion concerns, and the focus of treatment was turned toward this defensiveness.

3. Assign Step One Exercise for Addiction and Spiritual Confusion (3)

A. A 12-step recovery program's Step One was used to help the client see the powerlessness and unmanageability that have resulted from using addiction to deal with the negative feelings associated with spiritual confusion.
B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client displayed an understanding of the concept of powerlessness and unmanageability regarding addiction and the negative feelings associated with spiritual confusion; this progress was reinforced.
D. The client was able to endorse the concept of his/her powerlessness and unmanageability that have resulted from using addiction to deal with negative feelings associated with spiritual confusion; this progress was reinforced.
E. The client was unable to endorse the concept of his/her powerlessness and unmanageability regarding addiction and spiritual confusion issues, and was provided with additional feedback.
F. The client did not complete the assigned Step One exercise and this resistance was processed.

4. Probe Spiritual Confusion/Addiction Connection (4)

A. Active listening was provided as the client described his/her personal history of spiritual confusion.
B. The client was shown how his/her spiritual confusion has contributed to addiction and a negative attitude toward recovery.
C. The client acknowledged a pattern of spiritual confusion leading to addiction and a negative attitude toward recovery; this insight was highlighted.
D. As the client has resolved his/her spiritual confusion, he/she has been noted to experience less addictive behaviors and a more positive attitude toward recovery.

5. Connect Addiction to Spiritual Confusion (5)

A. The client was assisted in identifying how his/her addiction has led to spiritual confusion concerns.
B. The client was noted to display an understanding of the relationship between his/her addiction and his/her spiritual confusion.
C. The client denied any connection between his/her addiction and spiritual confusion; additional examples of how this can occur were presented.

6. Recognize *Insanity* of Spiritual Confusion/Addictive Behavior (6)

A. Using a 12-step recovery program's Step Two exercise, the client was taught about the concept of *insanity.*
B. The client was assigned the Step Two exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was assisted in identifying how his/her spiritual confusion and addictive behavior met the 12-step recovery program definition of *insanity.*
D. The client was supported for his/her understanding of his/her pattern of *insane* experiences related to his/her addictive behavior and spiritual confusion.
E. The client was assisted in identifying how a higher power can assist in relieving the addiction.
F. The client has rejected the concept of *insanity,* and does not believe that a higher power can assist in relieving his/her spiritual confusion and addiction concerns; he/she was urged to remain open to this concept.
G. The client did not complete the assigned Step Two exercise and this resistance was processed.

7. Teach Spiritual Attitude/Recovery Connection (7)

A. The client was taught about how attitudes about spiritual matters affect his/her recovery.
B. The client was taught about how negative attitudes toward spiritual matters make recovery more difficult.
C. The client accepted the concept that his/her negative attitudes toward spiritual matters has made recovery more difficult; this insight was reinforced.
D. The client rejected any connection between his/her spiritual attitudes and his/her recovery, and was provided with additional feedback.

8. Teach about "God as We Understand Him" (8)

A. The client was taught about the 12-step recovery program concept of "God as we understand Him."
B. The client was assigned "Understanding Spirituality" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assisted in identifying how "God as we understand Him" related to his/her concerns regarding spiritual confusion.
D. The client was reinforced for his/her understanding of "God as we understand Him."
E. As the client developed a greater understanding of "God as we understand Him," he/she was noted to have a decrease in his/her spiritual confusion.

F. The client continues to struggle with the concept of "God as we understand Him," and this struggle was processed within the session.
G. The client did not complete the assignment on understanding spirituality, and this resistance was processed.

9. Teach Ecumenical Use of 12-Step Recovery Program (9)

A. The client was taught about how many different religions and cultures can implement the 12-step recovery program.
B. The client was taught about how his/her own religion and culture can utilize a 12-step recovery program for recovery.
C. The client verbalized a greater understanding of his/her use of a 12-step recovery program, and how this can be implemented simultaneously with his/her religious and cultural concerns; this insight was reinforced.
D. The client continues to struggle with reconciling his/her own religious and cultural concerns with the 12-step recovery program; additional feedback was provided.

10. Teach about Forgiveness from the Higher Power (10)

A. The client was taught about how the higher power is willing to forgive him/her for the wrongs he/she has committed.
B. The client verbalized an understanding of the willingness of his/her higher power to forgive him/her for the wrongs that he/she has committed; this progress was reinforced.
C. Forgiveness from the higher power has been sought out by the client; the benefits of this progress were reviewed.
D. The client rejected the concept of his/her higher power as willing to forgive and accept him/her, and this was processed further within the session.

11. Assign Forgiveness Books (11)

A. The client was assigned books related to the process of forgiveness (e.g., *Forgive and Forget,* by Smedes).
B. The client reported having read the recommended books related to forgiveness; key concepts were processed.
C. The client displayed a better understanding of issues related to forgiveness after having read the assigned books related to forgiveness.
D. The client has not read books related to forgiveness, and he/she was redirected to do so.

12. Assign *Addiction and Grace* (12)

A. The client was assigned to read *Addiction and Grace* (May).
B. The client read *Addiction and Grace* and processed key issues from this reading within the session.
C. The client has not read *Addiction and Grace,* and he/she was redirected to do so.

13. Teach about Importance of a Higher Power (13)

A. The client was presented with information about how faith in a higher power can aid in recovery from spiritual confusion and addiction concerns.
B. The client was assisted in listing many ways that a higher power can assist him/her in recovery.

C. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
D. The client was reinforced for his/her faith in a higher power to assist in recovery.
E. The client rejected the concept of a higher power, and was urged to remain open to this concept.

14. Assign AA's *Big Book* Reading Regarding God's Good Plan (14)

A. The client was assigned to read about God's good plan in AA's *Big Book.*
B. The client reported that he/she has followed through on reading the assigned excerpts from AA's *Big Book* regarding God's plan; key concepts were processed.
C. The client was taught about how everything that happens in the world is a part of God's good plan.
D. The client was reinforced as he/she displayed a better understanding of God's good plan.
E. The client rejected the idea that everything that happens in the world is part of God's good plan; he/she was urged to remain open to this concept.

15. Refer to Clergy Person (15)

A. The client was referred to a clergy person who is familiar with 12-step recovery programs, and was encouraged to share his/her thoughts and feelings about his/her higher power.
B. The client's meeting with a clergy person familiar with 12-step recovery programs was arranged.
C. The client reported that he/she had followed up on meeting with a clergy person, and his/her thoughts and feelings about his/her higher power were shared.
D. The client reported increased understanding about issues related to his/her higher power after having met with a clergy person; this insight was reinforced.
E. The client has not followed through on his/her meeting with a clergy person, and he/she was redirected to do so.

16. Coordinate 12-Step Sponsor (16)

A. The client was educated about the importance of sponsorship within the 12-step community.
B. A meeting was arranged for the client to discuss the 12-step recovery program, spiritual confusion, and addiction with a contact person or a temporary sponsor.
C. The client reported that he/she met with his/her contact person or temporary sponsor to discuss recovery, spiritual, and addiction issues, and the benefits of this meeting were processed.
D. The client has not met with his/her recovery program contact person or temporary sponsor, and he/she was redirected to do so.

17. Assign "How It Works" (17)

A. The client was assigned to read "How It Works," in AA's *Big Book,* and to discuss the three pertinent ideas that are outlined at the end of the chapter.
B. The client reported that he/she has read "How It Works," and issues related to "we were alcoholic and could not manage our own lives," were reviewed.
C. The client reported that he/she has read "How It Works," and issues related to "probably no human power could have relieved our alcoholism," were reviewed.

D. The client reported that he/she has read "How It Works," and issues related to "God could and would if He were sought," were reviewed.
E. The client has not read "How It Works," and he/she was redirected to do so.

18. Develop Written Plan for Spiritual Journey (18)

A. Using the 12-step recovery program as a guide, the client was assisted in making a written plan to continue his/her spiritual journey.
B. The client was assisted in developing a written plan for continuing his/her spiritual journey.
C. The client reported that he/she has implemented the specific steps related to continuing his/her spiritual journey, and this progress was reviewed.
D. The client has not developed a written plan for continuing his/her spiritual journey, and he/she was redirected to do so.

19. Assign Letter to Higher Power (19)

A. The client was assigned to write a letter to his/her higher power, sharing how he/she thinks and feels, and asking for what he/she wants to aid in his/her recovery.
B. The client reported that he/she has written a letter to the higher power, and this was processed within the session.
C. The client reported a better understanding of his/her wants and needs in recovery; this insight was reinforced.
D. The client has not completed the assigned letter to a higher power, and he/she was redirected to do so.

20. Assign Step Three Exercise (20)

A. Today's session focused on teaching the client about the 12-step recovery program's concept of "turning it over."
B. The client was assigned the task of turning problems over to a higher power each day, and to record the experiences in a journal.
C. The client's experiences of turning problems over to his/her higher power were processed.
D. The client reports a decrease in addictive behavior and spiritual confusion since he/she began turning problems over to a higher power each day; this progress was reviewed.
E. The client struggled with the concept and implementation of turning his/her problems over to a higher power, and this was processed within the session.

21. Assign Reading on Prayer and Meditation (21)

A. The client was assigned to read Chapter 11 in AA's *Twelve Steps and Twelve Traditions.*
B. The client reported that he/she has read the assigned chapter in AA's *Twelve Steps and Twelve Traditions,* and key concepts were processed.
C. The client was taught about how to pray (talk to God) and meditate (listen for God).
D. The client was assigned to pray and meditate at least once each day.
E. The client reported an increased understanding of prayer and meditation, and that he/she is praying and meditating at least once each day; this progress was celebrated.
F. The client has not used prayer and meditation, and he/she was redirected to do so.

22. Assign Prayer Journal (22)

A. The client was assigned to keep a prayer journal, writing down his/her prayers and new insights gained about the higher power's will for his/her life.
B. The client has regularly utilized his/her prayer journal, and has developed many new insights about the higher power's will for his/her life; this progress was highlighted.
C. The client has not regularly kept a prayer journal, and he/she was redirected to do so.

23. Assign Questions for God (23)

A. The client was assigned to ask God to come into his/her life each day.
B. The client was assigned to ask God, "What is the next step in my relationship with you?"
C. Active listening was provided as the client reported the insights that he/she has gained from his/her invitations and questions for God.

24. Develop Recovery Plan (24)

A. The client was assisted in developing a plan of recovery from spiritual confusion and addictive behaviors, including regularly attending recovery groups, getting a sponsor, and helping others in recovery.
B. The client was assigned "Personal Recovery Plan" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client's list of several components of a recovery plan that will support his/her sobriety was processed.
D. The client described active pursuit of the elements of his/her recovery plan; the benefits of this progress were reviewed.
E. The client has not followed through on a recovery plan, and he/she was redirected to do so.

25. Discuss Spiritual Confusion/Addiction Connection with Family (25)

A. A family session was held to educate the client's family and significant others regarding the connection between his/her spiritual confusion and addiction problems.
B. A discussion was facilitated in which family members expressed their positive support of the client and reported having a more accurate understanding of his/her spiritual confusion concerns and substance-abuse problems.
C. Family members were neither understanding nor willing to provide support to the client, despite increased understanding of the client's spiritual confusion and addiction problems; they were urged to monitor the client's recovery.

26. Engage Family Members in Aftercare (26)

A. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
B. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in his/her recovery.
C. Family members indicated ongoing emotional displeasure with the client, and did not indicate a commitment for support for his/her recovery; they were urged to monitor the client's recovery.
D. The client was taught about trusting that a higher power is going to help him/her resolve the situation.

27. Re-administer Psychological Instruments (27)

A. The outcome of treatment was assessed via the re-administration of objective tests of spiritual confusion.

B. The client produced treatment outcome test scores indicating improvement on spiritual confusion concerns; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating lack of improvement on spiritual confusion concerns; this lack of progress was presented to the client.

28. Assess Satisfaction (28)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE ABUSE/DEPENDENCE

CLIENT PRESENTATION

1. **Increased Tolerance and Withdrawal (1)***

A. The client displayed a maladaptive pattern of substance use, manifested by increased tolerance and withdrawal.
B. The client reported that he/she must use greater amounts of substances due to an increased pattern of tolerance of the mood-altering chemicals.
C. The client described that he/she experiences significant physical withdrawal symptoms when he/she goes without the substances for any long period of time.
D. As the client has worked on his/her recovery, his/her maladaptive pattern of substance use has been discontinued.

2. **Inability to Reduce Alcohol and/or Drug Abuse (2)**

A. The client acknowledged that he/she frequently has attempted to terminate or reduce his/her use of the mood-altering drug, but found that once use has begun, he/she has been unable to follow through.
B. The client acknowledged that despite the negative consequences and a desire to reduce or terminate mood-altering drug abuse, he/she has been unable to do so.
C. As the client has participated in a total recovery program, he/she has been able to maintain abstinence from mood-altering drug use.

3. **Negative Blood Effects (3)**

A. The client's blood work results reflected a pattern of heavy substance abuse (e.g., liver enzymes are elevated, electrolytes are imbalanced).
B. The client's blood work results indicate that mood-altering drugs have been used.
C. As the client has participated in the recovery program and has been able to maintain abstinence from mood-altering drugs, his/her blood work has shown improved status, and has come back to within normal limits.

4. **Physical Indicators (3)**

A. The client's physical evaluation results reflect a pattern of heavy substance abuse (e.g., elevated blood pressure, stomach pain, malnutrition).
B. As the client has participated in the recovery program and has been able to maintain abstinence from mood-altering drugs, his/her physical status has shown improvement.
C. The client's physical status and lab results have returned to normal.

5. **Denial (4)**

A. The client presented with denial regarding the negative consequences of his/her substance abuse, in spite of direct feedback about its negative effect.

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B. The client's denial is beginning to break down as he/she is acknowledging that substance abuse has created problems in his/her life.
C. The client now openly admits to the severe negative consequences in which substance abuse has resulted.

6. Amnesiac Blackouts (5)

A. The client has experienced blackouts during alcohol abuse, which have resulted in memory loss for periods of time in which the client was still functional.
B. The client stated that his/her first blackout occurred at a young age, and that he/she has experienced many of them over the years of his/her alcohol abuse.
C. The client acknowledged only one or two incidents of amnesiac blackouts.
D. The client has not had any recent experience of blackouts, as he/she has been able to maintain sobriety.

7. Persistent Alcohol and/or Drug Abuse Despite Problems (6)

A. The client has continued to abuse alcohol/drugs in spite of recurring physical, legal, vocational, social, or relationship problems that were directly caused by the substance use.
B. The client denied that many problems in his/her life are directly caused by alcohol or drug abuse.
C. The client acknowledged that alcohol or drug abuse has been the cause of multiple problems in his/her life, and verbalized a strong desire to maintain a life free from using all mood-altering substances.
D. As the client has maintained sobriety, some of the direct negative consequences of substance abuse have diminished.
E. The client is now able to face resolution of significant problems in his/her life as he/she is able to establish sobriety.

8. Increased Tolerance (7)

A. The client described a pattern of increasing tolerance for the mood-altering substance, as he/she needed to use more of it to obtain the desired effect.
B. The client described the steady increase in the amount and frequency of the substance abuse, as his/her tolerance for it has increased.

9. Physical Withdrawal Symptoms (8)

A. The client acknowledged that he/she has experienced physical withdrawal symptoms (e.g., shaking, seizures, nausea, headaches, sweating, insomnia) as he/she withdrew from the substance abuse.
B. The client's physical symptoms of withdrawal have eased as he/she has stabilized and maintained abstinence from the mood-altering substance.
C. There is no further evidence of physical withdrawal symptoms.

10. Addiction-Related Arrests (9)

A. The client indicated that he/she has been arrested for addiction-related offenses (e.g., driving under the influence, minor in possession, uttering and publishing, assault, possession and/or delivery of a controlled substance, shoplifting, breaking and entering).

B. The client has recognized the connection between his/her addiction problems and his/her legal concerns.
C. The client reported incarceration related to his/her pattern of illegal behavior when intoxicated or substance abusing.
D. As the client has decreased his/her use of mood-altering substances, he/she reports a decrease in legal problems.

11. Suspension of Activities (10)

A. The client has suspended his/her involvement in important social, recreational, and occupational activities because they interfered with his/her substance-abuse lifestyle.
B. The client is beginning to recognize that all other aspects of his/her life became secondary to the primary objective of obtaining and using the mood-altering substance.
C. The client is resuming his/her responsibilities in the areas of social, recreational, and occupational activities as he/she becomes established in a recovery lifestyle.

INTERVENTIONS IMPLEMENTED

1. Refer for Physical Examination (1)*

A. The client was referred for a thorough physical examination to determine any negative medical effects related to his/her chemical dependence.
B. The client has followed through with obtaining a physical examination, and was told that his/her chemical dependence has produced negative medical consequences.
C. The client has obtained a physical examination from a physician and has been told that there are no significant medical effects of his/her chemical dependence.
D. The client has been prescribed medications.
E. Specific treatment orders have been written by the physician.
F. The client has not followed through with obtaining a physical examination, and he/she was again directed to do so.

2. Refer to Treatment Session Recovery Program (2)

A. The client was referred to a pharmacologically-based treatment/recovery program
B. The subject was referred for acamprosate or naltrexone treatment.
C. The client has complied with the referral to a pharmacologically-based treatment/ recovery program, and his/her progress was reviewed.
D. The client has not complied with the referral to a pharmacologically-based treatment/ recovery program, and was redirected to do so.

3. Titrate Medication (3)

A. The client was encouraged to maintain contact with his/her physician in order to monitor and titrate medications as needed.
B. The client's medications have been titrated, and this has produced increased effectiveness and decreased side effects.

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C. The client has not maintained contact with his/her physician, and he/she was redirected to do so.

4. Administer/Monitor Medications (4)

A. Medical staff administered medications as prescribed.
B. Medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medication as prescribed.
D. As the client has taken the medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
E. The client reported that the medication has been beneficial in reducing substance abuse/dependence symptoms, and this was relayed to the prescribing clinician.
F. The client reported that the medication has not been helpful, and this was relayed to the prescribing clinician.
G. The client has not consistently taken the medication, and he/she was redirected to do so.

5. Assess and Monitor Withdrawal (5)

A. During the client's period of withdrawal, he/she was consistently assessed and monitored using a standardized procedure.
B. As the client progressed through his/her process of withdrawal, he/she was provided medically appropriate treatment as needed.
C. The client did not require any specific medical treatment to complete his/her withdrawal.
D. The client has been noted to complete his/her withdrawal.

6. Administer Assessment for Substance Abuse/Dependence Traits (6)

A. The client was administered psychological instruments designed to objectively assess the strength of substance abuse/dependence.
B. The Substance Abuse Subtle Screening Inventory-3 (SASSI-3) was administered to the client.
C. The Addiction Severity Index (ASI) was administered to the client.
D. The Substance Use Disorders Diagnostic Schedule-IV (SUDDS-IV) was administered to the client.
E. The client has completed the assessment of substance abuse/dependence, and minimal concerns were identified; these results were reported to the client.
F. The client has completed the assessment of substance abuse/dependence, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of substance abuse/dependence, and the focus of treatment was turned toward this defensiveness.

7. Gather Drug and/or Alcohol History (7)

A. The client was asked to describe his/her alcohol and/or drug use in terms of the amount and pattern of use, symptoms of abuse, and negative life consequences that have resulted from chemical dependence.
B. A complete psychosocial history was taken, with a focus on the personal and family history of addiction.

C. It was reflected to the client that he/she has minimized his/her substance abuse and did not give reliable data regarding the nature and extent of his/her chemical dependence problem or the family history.
D. As therapy has progressed, the client has become more open in acknowledging the extent and seriousness of his/her substance abuse problems; this progress has been reinforced.

8. Assign Didactics Regarding Effects of Chemical Dependence (8)

A. The client was assigned to attend a chemical dependence didactic series to increase his/her knowledge of the patterns and effects of chemical dependence.
B. The client was asked to identify in writing several key points obtained from each didactic lecture.
C. Key points from didactic lectures that were noted by the client were processed in individual sessions.
D. It was reflected to the client that he/she has become more open in acknowledging and accepting his/her chemical dependence.

9. Assign Readings on Addiction Recovery (9)

A. The client was assigned to read evidence-based material regarding addiction recovery (e.g., *Overcoming Your Alcohol or Drug Problem,* 2nd ed. by Daley and Marlatt).
B. The client was asked to process with the therapist five key points that were gained from the reading of substance abuse literature.
C. The client has read the assigned substance abuse literature, and processed it within the session.
D. The client has not read the assigned substance abuse literature, and he/she was redirected to do so.

10. Assign Readings on Addiction (10)

A. The client was assigned to read material on addiction.
B. The client was assigned *Willpower's Not Enough* (Washton).
C. The client was assigned *The Addiction Workbook* (Fanning).
D. The client was assigned readings from Alcoholics Anonymous.
E. The client was asked to process with the therapist five key points that were gained from the reading on addiction.
F. The client has read the assigned addiction literature and processed it within the session.
G. The client has not read the assigned addiction literature and he/she was redirected to do so.

11. Require Reading *Narcotics Anonymous* (11)

A. The client was assigned to read material on the process of becoming addicted in *Narcotics Anonymous*.
B. The client was asked to identify five key points from *Narcotics Anonymous* reading, and process them with the therapist.
C. The client has not completed the assigned reading, and he/she was redirected to do so.

12. Refer to Group Therapy (12)

A. It was strongly recommended to the client that he/she attend group therapy that is focused on addiction issues.

B. The client has followed through with consistent attendance to group therapy, and reports that the meetings have been helpful.
C. The client has not followed through on regular attendance to group therapy, and he/she was redirected to do so.
D. The client has attended group therapy meetings, but reports that he/she does not find them helpful and is resistive to returning to them; he/she was urged to try this helpful component again.

13. Direct Group Therapy (13)

A. Group therapy sessions were provided that facilitated the sharing of, causes for, consequences of, feelings about, and alternatives to addiction.
B. The client participated in group therapy sessions, sharing information about his/her causes, consequences, and feelings about his/her addiction.
C. The client has attended group therapy sessions focused on addiction issues, but has not actively participated by sharing his/her thoughts and feelings.
D. The client has not attended group therapy sessions, and he/she was redirected to do so.

14. Assign First-Step Paper (14)

A. The client was assigned to complete an NA first-step paper and to share it with his/her group and the therapist.
B. The client was assigned the Step One exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client completed a first-step paper, and in it acknowledged that addictive behavior has dominated his/her life; this insight was reinforced.
D. The client has failed to complete the first-step paper, and he/she was redirected to do so.

15. List Negative Consequences (15)

A. The client was asked to make a list of the ways in which addiction has negatively impacted his/her life, and to process this list.
B. The client was assigned "Substance Abuse Negative Impact vs. Sobriety's Positive Impact" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. It was reflected to the client that he/she has minimized the negative impact of his/her addictive behavior on his/her life.
D. The client has completed his/her list of negative impacts of addictive behaviors on his/her life and acknowledged the negative consequences he/she has experienced; this insight was processed.
E. The client has not completed the list of negative impacts upon his/her life, and he/she was redirected to do so.

16. Confront Denial (16)

A. The client's pattern of denial was identified and reflected to the client.
B. Confrontation was used to prompt the client to honestly identify the severity and negative consequence of his/her substance abuse.
C. The client has been confronted about his/her substance abuse severity and negative consequences; he/she has become more realistic about these concerns.

D. The client has become more defensive as he/she has been confronted about the use, severity, and consequences of his/her substance abuse.

17. Develop an Understanding of Substance Abuse Contributors (17)

A. Using a biopsychosocial history, the client was assisted in understanding the familial, emotional, and social factors that have contributed to the development of substance abuse.
B. Active listening was provided as the client verbalized an increased understanding of the familial, emotional, and social factors that have contributed to the development of substance abuse problems.
C. The client reported a decrease in substance abuse problems due to greater understanding of the factors that have contributed to it; this progress was reinforced.
D. The client denied or was unable to identify the familial, emotional, and social factors that have contributed to the development of substance abuse, and was provided with tentative examples of this dynamic.

18. Explore Addiction as an Escape (18)

A. The client's use of substance abuse as a way to escape stress, emotional pain, and/or boredom was explored.
B. The client acknowledged using substance abuse as a way to escape from stress, emotional pain, and/or boredom; this insight was reinforced.
C. The client was confronted for the negative consequences of his/her pattern of escapism.
D. The client reported that he/she has decreased his/her substance abuse as a way to escape stress, emotional pain, and/or boredom; this progress was reinforced.
E. The client denied the idea that substance abuse has been used as an escape from stress, and was provided with additional feedback in this area.

19. Probe Guilt and Shame Issues (19)

A. The client was probed for his/her sense of shame, guilt, and low self-worth that has resulted from substance abuse and its consequences.
B. The client reported significant patterns of shame, guilt, and low self-worth due to his/her substance abuse and its consequences, which was processed.
C. The client denied any pattern of shame, guilt, and low self-worth, and was provided with examples of how this can occur.

20. List Reasons to Stay Abstinent (20)

A. The client was assisted in developing a list of reasons why he/she should stay abstinent from substance.
B. The client was assigned the "Making Change Happen" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assigned "A Working Recovery Plan" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
D. The client identified several of his/her own reasons for remaining abstinent from substance; this list was processed.
E. The client struggled to identify reasons why he/she should remain abstinent, and this was processed within the session.

21. Review Dishonesty and Substance Abuse/Dependence (21)

A. The client was assisted in understanding that dishonesty goes along with substance abuse, and that honesty is necessary for recovery.
B. The client was asked to identify 10 lies that he/she has told to hide substance abuse.
C. The client was assigned the "Honesty" exercise for the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client developed a list of lies that he/she has told to hide substance abuse, and these were reviewed.
E. The client acknowledged his/her pattern of dishonesty, which has supported his/her substance abuse behavior, and reported increased honesty during recovery; this insight was highlighted.
F. The client denied any pattern of dishonesty to hide substance abuse, and was provided with examples of how this occurs.

22. Teach about Honesty (22)

A. The client was taught about why honesty is essential to recovery.
B. The client was provided with several examples of how honesty is an important part of recovery.
C. The client was asked to identify his/her own understanding of how honesty is essential to recovery.

23. Teach about a Higher Power (23)

A. The client was presented with information on how faith in a higher power can aid in recovery from substance abuse and addictive behaviors.
B. The client was assigned the Step Two exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
C. The client was assigned the Step Three exercise from the *Alcoholism & Drug Abuse Patient Workbook* (Perkinson).
D. The client was assisted in processing and clarifying his/her own ideas and feelings about his/her higher power.
E. The client was encouraged to describe his/her beliefs about his/her higher power.
F. The client rejected the concept of a higher power, and was urged to remain open to this concept.

24. Conduct Motivational Interviewing (24)

A. Motivational Interviewing techniques were used to help assess the client's preparation for change.
B. The client was assisted in identifying his/her stage of change regarding his/her substance abuse concerns.
C. It was reflected to the client that he/she is currently building motivation for change.
D. The client was assisted in strengthening his/her commitment to change.
E. The client was noted to be participating actively in treatment.

25. Assign AA/NA Member Contact (25)

A. The client was assigned to meet with an Alcoholics Anonymous/Narcotics Anonymous (AA/NA) member who has been working the 12-step program for several years to find out specifically how the program has helped him/her stay sober.

B. The client has followed through on meeting with the AA/NA member and was encouraged about the role that AA/NA can play in maintaining sobriety.
C. The client met with the AA/NA member but was not encouraged about the role of self-help groups in maintaining sobriety; his/her experience was processed.
D. The client has not followed through on meeting with an AA/NA member and was redirected to do so.

26. Identify Sobriety Expectations (26)

A. The client was asked to write out basic expectations that he/she has regarding sobriety.
B. The client has identified specific expectations that he/she has regarding sobriety (e.g., physical changes, social changes, emotional needs), and these were processed with the clinician.
C. As the client has been assisted in developing a more realistic expectation regarding his/her sobriety, he/she has felt more at ease and willing to work toward sobriety.
D. The client has not identified his/her expectations regarding sobriety and was redirected to do so.

27. Encourage Sobriety Despite Relapses (27)

A. Although the client has relapsed, he/she was refocused on the need for substance abuse recovery and on the need for sobriety.
B. As the client has received continued support for his/her recovery and sobriety despite his/her relapses, he/she has become more confident regarding his/her chances for success.
C. The client lacks confidence in his/her ability to obtain recovery and sobriety due to his/her pattern of relapses; this pessimism was challenged and processed.

28. Assign Abstinence Contract (28)

A. The client was assigned to write an abstinence contract for his/her drug of choice as a means of terminating his/her emotional and cognitive involvement with that drug.
B. The client has followed through with writing the abstinence contract for his/her drug of choice, and the contents of it were processed.
C. The client's feelings about writing an abstinence contract were processed.
D. The client reported that he/she felt some sense of relief at breaking emotional ties with his/her drug of choice; the benefits of this progress were reviewed.
E. The client failed to follow through on the assigned abstinence contract for his/her drug of choice and was redirected to do so.

29. Review Negative Peer Influence (29)

A. A review of the client's negative peers was performed, and the influence of these people on his/her substance abuse patterns was identified.
B. The client accepted the interpretation that maintaining contact with substance-abusing friends would reduce the probability of successful recovery from his/her chemical dependence.
C. A plan was developed to help the client initiate contact with sober people who could exert a positive influence on his/her own recovery (e.g., sobriety buddies).
D. The client has begun to reach out socially to sober individuals in order to develop a social network that has a more positive influence on his/her recovery; he/she was reinforced for this progress.

E. The client has not attempted to reach out socially to sober individuals in order to develop a social network that has a more positive influence in his/her recovery and was reminded about this important facet of his/her recovery.

30. Plan Social and Recreational Activities (30)

A. A list of social and recreational activities that are free from association with substance abuse was developed.

B. The client was verbally reinforced as he/she agreed to begin involvement in new recreational and social activities that will replace substance abuse-related activities.

C. The client has begun to make changes in his/her social and/or recreational activities and reports feeling good about this change; the benefits of this progress were reviewed.

D. The client was very resistive to any changes in social and recreational activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

31. Plan Household and Work-Related Activities (31)

A. A list of household and work-related activities that are free from association with substance abuse was developed.

B. The client was verbally reinforced as he/she agreed to begin involvement in new household and work-related activities that will replace substance abuse-related activities.

C. The client has begun to make changes in his/her household and work-related activities and reports feeling good about this change; the benefits of this progress were reviewed.

D. The client was very resistive to any changes in household and work-related activities that have previously been a strong part of his/her life, but was encouraged to begin with small changes in this area.

32. Evaluate Living Situation (32)

A. The client's current living situation was reviewed as to whether it fosters a pattern of chemical dependence.

B. The client was supported as he/she agreed that his/her current living situation does encourage continuing substance abuse.

C. The client could not see any reason why his/her current living situation would have a negative effect on his/her chemical dependence recovery; he/she was provided with tentative examples in this area.

33. Encourage a Change in Living Situation (33)

A. The client was encouraged to develop a plan to find a more positive living situation that will foster his/her chemical dependence recovery.

B. The client was reinforced as he/she found a new living situation that is free from the negative influences that the current living situation brings to his/her chemical dependence recovery.

C. The client is very resistive to moving from his/her current living situation; he/she was assisted in processing this resistance.

34. Identify Sobriety's Positive Family Effects (34)

A. The client was assisted in identifying the positive changes that will occur within family relationships as a result of his/her chemical dependence recovery.

B. The client reported that his/her family is enjoying a reduction in stress and increased cooperation since his/her chemical dependence recovery began; his/her reaction to these changes was processed.
C. The client was unable to identify any positive changes that have or could occur within family relationships as a result of his/her chemical dependence recovery and was provided with tentative examples in this area.

35. Reinforce Making Amends (35)

A. The negative effects that the client's substance abuse has had on family, friends, and work relationships were identified.
B. A plan for making amends to those who have been negatively affected by the client's substance abuse was developed.
C. The client's implementation of his/her plan to make amends to those who have been hurt by his/her substance abuse was reviewed.
D. The client reported feeling good about the fact that he/she has begun to make amends to others who have been hurt by his/her substance abuse; this progress was reinforced.
E. The client has not followed through on making amends to others who have been negatively affected by his/her pattern of substance abuse and was reminded to do so.

36. Obtain Commitment Regarding Making Amends (36)

A. The client was asked to make a verbal commitment to make amends to key individuals.
B. The client was urged to make further amends while working through Steps Eight and Nine of a 12-step program.
C. The client was supported as he/she made a verbal commitment to make initial amends now and to make further amends as he/she works through Steps Eight and Nine (of the 12-step program).
D. The client declined to commit to making amends and was redirected to review the need to make this commitment.

37. Refer for Marital Therapy (37)

A. The couple was referred to a clinician who specializes in Behavioral Marital Therapy.
B. The couple was provided with Behavioral Marital Therapy.
C. The couple was assisted in identifying conflicts that could be addressed using communication, conflict-resolution, and/or problem-solving skills.
D. Techniques described by Holzworth-Monroe and Jacobson in "Behavioral Marital Therapy" in *Handbook of Family Therapy* (Gurman and Knickerson) were used to help the couple develop better communication, conflict-resolution, and problem-solving skills.

38. Teach about Coping Package (38)

A. The client was taught a variety of techniques to help manage urges to use chemical substances.
B. The client was taught calming strategies, such as relaxation and breathing techniques.
C. The client was taught cognitive techniques, such as thought-stopping, positive self-talk and attention-focusing skills (e.g., distraction from urges, staying focused, behavioral goals of abstinence).

D. The client has used his/her coping package techniques to help reduce his/her urges to use chemical substances; this progress was reinforced.
E. The client has not used the coping package for managing urges to use chemical substances and was redirected to do so.

39. Explore Schema and Self-Talk (39)

A. The client's schema and self-talk that weaken his/her resolve to remain abstinent were explored.
B. The biases that the client entertains regarding his/her schema and self-talk were challenged.
C. The client was assisted in generating more realistic self-talk to correct for his/her biases and build resilience.
D. The client was provided with positive feedback for his/her replacement of self-talk and biases.
E. The client struggled to identify his/her self-talk and biases that weaken his/her resolve to remain abstinent and was provided with tentative examples in this area.

40. Rehearse Replacement of Negative Self-Talk (40)

A. The client was assisted in identifying situations in which his/her negative self-talk occurs.
B. The client was assisted in generating empowering alternatives to his/her negative self-talk.
C. The client was assigned "Journal and Replace Self-Defeating Thoughts" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client's success in rehearsing the response to negative self-talk was reviewed and reinforced.

41. Develop Hierarchy of Urge-Producing Cues (41)

A. The client was directed to construct a hierarchy of urge-producing cues to use substances.
B. The client was assisted in developing a hierarchy of urge-producing cues to use substances.
C. The client was assigned "Identifying Relapse Triggers and Cues" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
D. The client was assigned "Relapse Prevention Planning" from the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
E. The client was helped to identify a variety of cues that prompt his/her use of substances.
F. The client has failed to identify a hierarchy of urge-producing cues, and was assisted in developing this task.

42. Practice Response to Urge-Producing Cues (42)

A. The client was assisted in selecting urge-producing cues with which to practice, with a bias toward cues that are likely to result in a successful experience.
B. Behavioral techniques were used to help the client cognitively restructure his/her urge-producing cues.
C. The client's use of cognitive-restructuring strategies was reviewed and processed.

43. Assess Stress-Management Skills (43)

A. The client's current level of skill in managing everyday stressors was assessed.
B. The client was assessed in regard to his/her ability to meet role demands for work, social, and family expectations.

C. Behavioral and cognitive-restructuring techniques were used to help build social and communication skills to manage everyday challenges.
D. The client was provided with positive feedback regarding his/her ability to manage common everyday stressors.
E. The client continues to struggle with common everyday stressors and was provided with remedial feedback in this area.

44. Assign Social and Communication Information (44)

A. The client was assigned to read about social skills.
B. The client was assigned to read about communication skills.
C. The client was assigned to read *Your Perfect Right* (Alberti and Emmons).
D. The client was assigned to read *Conversationally Speaking* (Garner).
E. The client has read the assigned information about social and communication skills and key points were reviewed.
F. The client has not read the assigned information on social and communication skills and was redirected to do so.

45. Teach Pain Management (45)

A. The client was taught about pain management in order to learn alternatives to substance use for managing pain.
B. The client was referred to a pain management program to learn alternatives to substance use for managing pain.
C. As the client has gained better control over his/her pain, it was noted that he/she has gained greater control over substance use.

46. Differentiate between Lapse and Relapse (46)

A. A discussion was held with the client regarding the distinction between a lapse and a relapse.
B. A lapse was associated with an initial and reversible return of symptoms or urges to use substances.
C. A relapse was associated with the decision to return to regular use of substances.
D. The client was provided with support and encouragement as he/she displayed an understanding of the difference between a lapse and a relapse.
E. The client struggled to understand the difference between a lapse and a relapse and was provided with remedial feedback in this area.

47. Uncover Triggers for Relapse (47)

A. A 12-step recovery program relapse prevention exercise was used to help the client uncover his/her triggers for relapse.
B. Through the use of the 12-step recovery program relapse prevention exercise, the client has gained a significant amount of insight into his/her triggers for relapse.
C. The client struggled to identify his/her triggers for relapse, and was provided with remedial assistance in this area.

48. Discuss Management of Lapse Risk Situations (48)

A. The client was assisted in identifying future situations or circumstances in which lapses could occur.

B. The session focused on rehearsing the management of future situations or circumstances in which lapses could occur.
C. The client was asked to identify how family and peer conflict contribute to his/her stress levels.
D. The client was reinforced for his/her appropriate use of lapse management skills.
E. The client was redirected in regard to his/her poor use of lapse management skills.

49. Identify Relapse Triggers (49)

A. The client was assisted in developing a list of potential relapse signs and triggers that could lead him/her back to substance abuse.
B. The client was asked to identify specific primary psychotic symptoms that affect his/her desire for substances.
C. The client was assigned "Relapse Triggers" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. The client was supported for identifying specific primary psychotic symptoms and how these increase his/her desire for substances.
E. The client was assisted in developing a specific strategy for constructively responding to his/her substance abuse relapse triggers.
F. The client was reinforced for his/her successful implementation of the coping strategies for the substance abuse relapse triggers.
G. A review was conducted regarding the client's pattern of relapse subsequent to failing to use constructive coping strategies in a trigger situation.

50. Encourage Routine Use of Strategies (50)

A. The client was instructed to routinely use the strategies that he/she has learned in therapy (e.g., cognitive restructuring exposure).
B. The client was assigned "Aftercare Plan Components" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was urged to find ways to build his/her new strategies into his/her life as much as possible.
D. The client was reinforced as he/she reported ways in which he/she has incorporated coping strategies into his/her life and routine.
E. The client was redirected about ways to incorporate his/her new strategies into his/her routine and life.

51. Refer to Supported Employment (51)

A. The client was referred to a supported employment program to assist him/her in developing independent job skills.
B. The client was reinforced for his/her involvement in the supported employment program that has assisted him/her in skill-building regarding employment needs.
C. The client has not actively participated in the supported employment program and was redirected to do so.
D. The client was coached regarding his/her preparation for employment, searching for a job, and maintaining employment.

E. The client was assisted in role-playing and rehearsing specific techniques necessary for obtaining and maintaining employment.
F. The client was provided with positive feedback regarding his/her increased understanding of issues related to obtaining and maintaining employment.
G. The client continues to have a poor understanding of basic concepts related to obtaining and maintaining employment and was provided with additional feedback in this area.

52. Teach about Life's Pleasures (52)

A. The client was taught about the importance of getting pleasure out of life without using mood-altering substances.
B. The client was reminded that the benefits obtained from using mood-altering substances can be developed through the use of alternative, non-substance means in order to develop pleasure in his/her life.
C. The client reflected his/her understanding of how he/she can get pleasure out of life without using mood-altering substances.
D. The client does not appear to understand how life's pleasures can be developed without using mood-altering substances and was provided with remedial feedback in this area.

53. List Pleasurable Activities (53)

A. The client was asked to develop a list of pleasurable activities.
B. The client was assigned the *Inventory of Rewarding Activities* (Birchler and Weiss).
C. The client was assigned to engage in selected activities on a daily basis.
D. The client's use of pleasurable activities was reviewed.
E. The client has not developed a regular practice of engaging in pleasurable activities and was redirected to do so.

54. Recommend Exercising Your Way to Better Mental Health (54)

A. The client was encouraged to read *Exercising Your Way to Better Mental Health* (Leith) to introduce him/her to the concept of combating stress, depression, and anxiety with exercise.
B. The client has followed through with reading the recommended book on exercise and mental health and reported that it was beneficial; key points were reviewed.
C. The client has implemented a regular exercise regimen as a depression reduction technique and reported successful results; he/she was verbally reinforced for this progress.
D. The client has not followed through with reading the recommended material on the effect of exercise on mental health and was encouraged to do so.

55. Teach about "Turning It Over" (55)

A. The client was taught about the concept of turning problems over to a higher power every day.
B. The client was asked to reflect upon his/her opportunities to turn his/her problems over to a higher power, and how this would be beneficial.
C. The client was reinforced for his/her use of a higher power.
D. The client has not turned problems over to a higher power, and was provided with examples of how others have used this option.

56. Re-administer Psychological Instruments (27)

A. The outcome of treatment was assessed via the re-administration of objective tests of substance abuse/dependence.

B. The client produced treatment outcome test scores indicating improvement on substance abuse/dependence concerns; this progress was presented to the client.

C. The client produced treatment outcome test scores indicating lack of improvement on substance abuse/dependence concerns; this lack of progress was presented to the client.

57. Assess Satisfaction (57)

A. A treatment satisfaction survey was administered to the client.

B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.

D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.

E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE-INDUCED DISORDERS

CLIENT PRESENTATION

1. Amnestic Disorder (1)*

A. The client displayed memory impairment that persists beyond the duration of substance intoxication or withdrawal effects.
B. The client displayed difficulty remembering expected information.
C. The client's memory deficits have improved somewhat.
D. The client has used coping techniques to adapt to his/her memory deficits.
E. The client continues to be inadequately aware of his/her memory deficits.

2. Dementia (2)

A. The client presented with memory impairment as well as cognitive disturbance that persist beyond the time of substance intoxication or withdrawal effects.
B. The client's cognitive disturbance was apparent through his/her difficulty with speech and executive functioning tasks.
C. The client's memory deficit and cognitive disturbance have improved slightly.
D. The client has used coping techniques to adapt to his/her memory impairment and cognitive disturbance.
E. The client continues to be inadequately aware of his/her memory impairment and cognitive disturbance.

3. Delirium (3)

A. The client displayed evidence of delirium that has developed during or shortly after substance intoxication or withdrawal.
B. The client displayed delirium through lack of clear awareness of the environment, deficits in the ability to focus attention, memory dysfunction, and language and perceptual disturbance.
C. The client's pattern of delirium has improved slightly.
D. The client has regained full capabilities and does not display any evidence of delirium.

4. Hallucinations (4)

A. The client has experienced auditory hallucinations that persist beyond substance intoxication or withdrawal effects.
B. The client has experienced visual hallucinations that persist beyond substance intoxication or withdrawal effects.
C. The client's hallucinations have diminished in frequency.
D. The client reported no longer experiencing hallucinations.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

5. Delusions (4)

A. The client demonstrated delusional thought content that persists beyond substance intoxication or withdrawal effects.
B. The client has experienced persecutory delusions that persist beyond substance intoxication or withdrawal effects.
C. The client's delusional thoughts have diminished in frequency and intensity.
D. The client no longer experiences delusional thoughts.

6. Depressed Mood (5)

A. The client evidenced a depressed mood that developed during or shortly after substance intoxication or withdrawal.
B. The client reported that he/she feels deeply sad and has periods of tearfulness on an almost daily basis.
C. The client's depressed affect was clearly evident within the session, as tears were shed on more than one occasion.
D. The client reported that he/she has begun to feel less sad and can experience periods of joy.
E. The client appears to be more happy within the session, and there is no evidence of tearfulness.

7. Expansive Mood (6)

A. The client displayed evidence of a markedly expansive mood that developed during or shortly after substance intoxication or withdrawal.
B. The client gave evidence of a very expansive mood that can easily turn to impatience and irritability if his/her behavior is blocked or confronted.
C. The client related instances of feeling anger when others tried to control his/her expansive, grandiose ideas and moods.
D. As the client's expansive mood has been controlled, his/her impatience and irritable anger have diminished.

8. Anxiety (7)

A. The client described symptoms of anxiety or worry that developed during or shortly after substance intoxication or withdrawal.
B. The client described irrational worries about issues related to family, job, social interactions, or health.
C. The client showed some recognition that his/her worry is beyond the scope of rationality, but he/she is unable to control it.
D. The client reported that his/her worries regarding life circumstances have diminished, and he/she is living with more of a sense of peace and confidence.

9. Panic Attacks (7)

A. The client displayed evidence of panic attacks that developed during or shortly after substance intoxication or withdrawal.
B. The client has experienced sudden and unexpected severe panic symptoms that have occurred repeatedly and have resulted in persistent concern about additional attacks.

C. The client has significantly modified his/her normal behavior patterns in an effort to avoid panic attacks.
D. The frequency and severity of panic attacks have diminished significantly.
E. The client reported that he/she has not experienced any recent panic attack symptoms.

10. Obsessions (7)

A. The client displayed evidence of prominent obsessions that developed during or shortly after substance intoxication or withdrawal.
B. The client described recurrent and persistent thoughts or impulses that are viewed as senseless, intrusive, and time consuming, and that interfere with his/her daily routine.
C. The intensity of the recurrent and persistent thoughts and impulses is so severe that the client is unable to perform daily duties or interact in social relationships.
D. The strength of the client's obsessive thoughts has diminished and he/she has become more efficient in his/her daily routine.
E. The client reported that the obsessive thoughts are under significant control, and he/she is able to focus attention and efforts on the task at hand.

11. Sleep Disturbance (8)

A. The client displayed evidence of a sleep disturbance that developed during or shortly after substance intoxication or withdrawal.
B. The client reported periods of inability to get to sleep.
C. The client reported periods of sleeping for many hours without the desire to get out of bed.
D. The client's problem with sleep disturbance has diminished as the depression has lifted.
E. Medication has improved the client's problems with sleep disturbance.

12. Sexual Dysfunction (9)

A. The client described a pattern of sexual dysfunction that developed during or shortly after substance intoxication or withdrawal.
B. The client has experienced a recurrent lack of the usual physiological response of sexual excitement and arousal.
C. The client is gradually regaining the usual physiological response of sexual excitement and arousal.
D. The client reported that sexual contact resulted in a satisfactory level of response of sexual arousal.

13. Psychiatric Decompensation (10)

A. The client's substance abuse and dependence has contributed to psychiatric decompensation.
B. The client's mood is significantly disturbed by his/her substance abuse and dependence.
C. The client displays increased anxiety secondary to his/her substance abuse or dependence.
D. The client has displayed signs of psychosis.
E. As treatment has progressed, the client's psychiatric symptoms have meliorated.

INTERVENTIONS IMPLEMENTED

1. Welcome to Treatment (1)*

A. The client was welcomed to treatment and was assured that he/she is in a safe place.
B. The client was encouraged to stay in treatment long enough to enter recovery.
C. The client responded to the welcome and encouragement by beginning to describe his/her substance abuse concerns.
D. The client remained agitated, tense, and preoccupied with his/her uncertainty and substance-induced symptoms; the soothing welcome to treatment was continued.

2. Gather Information about Substance Abuse Dependence (2)

A. Information was gathered regarding the client's recent substance abuse behavior.
B. A history of the client's chemical dependence was developed.
C. Recent substance abuse and the client's history of chemical dependence was summarized and reflected to the client.

3. Connect Substance-Induced Disorder with Chemical Abuse (3)

A. The client was taught about his/her substance-induced disorder.
B. The client's signs and symptoms were directly related to his/her chemical abuse.
C. The client was taught that his/her symptoms will improve if he/she remains abstinent from substance abuse.
D. Specific information was provided to the client about how discontinuing substance abuse will improve specific symptoms that he/she is experiencing.
E. The client verbalized an understanding about the improvement that he/she will experience if he/she remains abstinent from substance abuse; this insight was reinforced.
F. As the client's substance abuse has discontinued, he/she has experienced an improvement in his/her substance-induced disorder; this progress was highlighted.
G. The client refused to accept the connection between his/her chemical abuse and substance-induced disorder; but additional feedback was provided.

4. Administer Assessment for Substance-Induced Disorders (4)

A. The client was administered psychological instruments designed to objectively assess the strength of substance-induced disorders.
B. The Beck Depression Inventory (BDI) and Beck Anxiety Inventory (BAI) were administered to the client.
C. The Clinical Institute Withdrawal Scale (CIWS) and Narcotics Withdrawal Scale (NWS) were administered to the client.
D. A Mental Status Examination and a Cognitive Screening Capacity Examination were administered to the client.
E. The client has completed the assessment of substance-induced disorders, and minimal concerns were identified; these results were reported to the client.

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F. The client has completed the assessment of substance-induced disorders, and significant concerns were identified; these results were reported to the client.
G. The client refused to participate in psychological assessment of substance-induced disorders, and the focus of treatment was turned toward this defensiveness.

5. Assess the Potential for Harm to Self and/or Others (5)

A. The client was monitored on an ongoing basis for his/her ongoing suicide potential and potential for harming others.
B. The client was asked to describe the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.
C. The client was encouraged to be forthright regarding the current strength of his/her suicidal/homicidal feelings and ability to control those urges.
D. The client denied any current thoughts about hurting himself/herself or others, and this was accepted at face value.

6. Encourage Emotional Expression (6)

A. The client was helped to identify, clarify, and express feelings associated with his/her substance-induced disorder and addictive behavior.
B. Active listening was provided as the client openly expressed his/her feelings regarding his/her substance-induced disorder and addictive behavior.
C. The client denied any significant emotional reaction to his/her substance-induced disorder and addictive behavior; tentative examples were provided.

7. Physician Referral (7)

A. The client was referred to a physician for examination.
B. The physician has examined the client and written treatment orders as indicated.
C. The physician has prescribed specific medications.
D. The client's medications have been titrated, and he/she is being monitored for effectiveness and side effects by the physician.
E. The client has not followed through on the examination with the physician, and he/she was redirected to do so.

8. Implement and Monitor Physician Orders (8)

A. The staff were directed to carry out orders as directed by the physician.
B. The staff were directed to monitor the client's symptoms, effectiveness, and side-effects of the prescribed medication.
C. The client's symptoms, effectiveness, and side effects of the prescribed medications were monitored, and any concerns were directed to the prescribing clinician.

9. Encourage Fluids and Nourishment (9)

A. The client was encouraged to take fluids and nourishment as ordered by the physician.
B. The client was reinforced as he/she has increased intake of fluids and nourishment.
C. The client is now taking fluids and nourishment at the appropriate level ordered by the physician, and is experiencing positive health benefits.

D. The client continues to take very little fluids or nourishment, and he/she has been redirected to increase this.

10. Assign Staff Coverage (10)

A. A staff member was assigned to stay with the client during the severe substance-induced disorder, intoxication, or withdrawal.
B. Staff members have been closely monitoring the client during his/her severe substance-induced disorder, intoxication, or withdrawal.
C. The client appears to be comforted by the presence of staff members, and is using them to appropriately cope with his/her substance-induced disorder, intoxication, or withdrawal.
D. The client is antagonistic toward staff members monitoring him/her.
E. Close staff monitoring of the client is no longer necessary.

11. Adjust Environment (11)

A. The client's environment was adjusted to provide minimal stimulation and thereby avoid exacerbating excessive anxiety, perceptual disturbance, and irritability.
B. The subdued lighting, low noise levels, and calm atmosphere have helped to calm the client.
C. The client persists in his/her experience of anxiety, perceptual disturbance, and irritability, despite the minimally stimulating environment, but this environment should be maintained.

12. Encourage Peers' Encouragement (12)

A. The client's treatment peers were asked to provide encouragement to him/her during recovery.
B. Other clients within the treatment setting were reinforced for encouraging the client to participate in his/her recovery.
C. Active listening was provided as the client described his/her feeling of encouragement and positive support from his/her treatment peers.
D. Treatment peers have not provided encouragement to the client during recovery, and were redirected to do so.
E. The client continues to be quite discouraged, despite significant support from his/her peers; this support was continued.

13. Teach Importance of a 12-Step Recovery Program (13)

A. The client was taught the importance of actively attending a 12-step recovery program, getting a sponsor, reinforcing people around him/her, sharing feelings, and remaining in treatment.
B. The client was reinforced as he/she has verbalized an understanding of the need for a 12-step recovery program, getting a sponsor, reinforcing people around him/her, sharing feelings, and remaining in treatment.
C. The client was resistive to a 12-step recovery program, but was encouraged nevertheless.

14. Develop Written Plan for Treatment (14)

A. The client was assisted in developing a written plan to treat his/her substance-induced disorder and addictive behavior.
B. The client was assigned "Planning Aftercare" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).

C. The client has developed a written plan that details his/her specific plan for treatment of his/her substance-induced disorder and addictive behaviors; this plan was processed.
D. The client was reinforced for a willingness to implement his/her written plan to treat his/her substance-induced disorder and addictive behavior.
E. The client has not developed a written plan to treat his/her substance-induced disorder and addictive behavior, and he/she was redirected to do so.

15. Teach Relationship between Substance-Induced Disorder and Addiction (15)

A. Family members were educated about the client's substance-induced disorder and addictive behavior.
B. The client's family displayed an understanding about the relationship between the substance-induced disorder and addictive behaviors; this insight was reinforced.
C. The client's family rejected the connection between the client's substance-induced disorder and addictive behavior; they were urged to monitor his/her recovery.

16. Assign a List of Needs from Family Members (16)

A. The client was assigned to develop a list of three things that each family member can do to assist him/her in recovery.
B. The client has developed a wide variety of needs that family members can assist with/in his/her recovery; this list was processed.
C. Family members were reinforced for their support for the client and have committed to help him/her in recovery.
D. Active listening was provided as the client reported that family members have not been consistent in supporting his/her sobriety.

17. Re-administer Psychological Instruments (17)

A. The outcome of treatment was assessed via the re-administration of objective tests of substance-induced disorders.
B. The client produced treatment outcome test scores indicating improvement on substance-induced disorders; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating lack of improvement on substance-induced disorders; these results were presented to the client.

18. Assess Satisfaction (18)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUBSTANCE INTOXICATION/WITHDRAWAL

CLIENT PRESENTATION

1. Cognitive Changes (1)*

A. The client has recently ingested, inhaled, injected, or snorted a mood-altering substance.
B. The client displayed cognitive impairment directly after using the mood-altering substance.
C. The client displayed impaired judgment after using the mood-altering substance.
D. As the client's body has processed the mood-altering substance, he/she has displayed decreased negative cognitive effects.
E. The client's cognitive functioning appears to have returned to his/her normal level of functioning.

2. Behavioral Changes (1)

A. The client has recently ingested, inhaled, injected, or snorted a mood-altering substance.
B. The client has displayed, subsequent to taking the mood-altering substance, maladaptive behavioral changes (e.g., belligerence, slurred speech, ataxia).
C. As the effects of the mood-altering substance have worn off, the client's behavioral functioning has become more normalized.
D. The client appears to have returned to his/her baseline level of behavioral functioning.

3. Emotional Changes (1)

A. The client has recently ingested, inhaled, injected, or snorted a mood-altering substance.
B. The client appears to have little control over his/her shifts in mood.
C. As the effects of the mood-altering substance have lessened, the client has displayed more emotional stability.
D. The client appears to have returned to his/her baseline of emotional functioning.

4. Abnormal Autonomic Reactivity (2)

A. The client displayed a pattern of abnormal autonomic reactivity subsequent to the introduction of a mood-altering substance into the body.
B. The client displayed evidence of altered vital signs, dilated or restricted pupils, diaphoresis, and other abnormal autonomic indicators.
C. The client's autonomic reactivity is stabilizing.
D. The client's pattern of autonomic reactivity appears to have returned to his/her baseline level of functioning.

5. Admits Abuse (3)

A. The client was questioned about his/her recent use of mood-altering chemicals.
B. The client admitted that he/she has recently used a mood-altering chemical.

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C. The client denied that he/she has recently used mood-altering chemicals.

6. Objective Test Analysis (4)

A. The client's recent substance use was confirmed through the use of a urine test.
B. A blood screen indicated that the client has recently used substances.
C. A Breathalyzer™ analysis indicated recent alcohol abuse at significant levels.
D. Objective analysis of test results related to the client's body function indicates recent substance use.
E. Objective analysis of test results related to the client's body function failed to confirm any recent substance use.

7. Psychological Withdrawal Symptoms (5)

A. The client described a pattern of substance use, followed by a period of lack of substance use leading to withdrawal.
B. The client displayed psychological symptoms (e.g., irritability, anxiety, anger, emotional lability, depression, hallucinations, delusions) related to withdrawal from the use of a mood-altering substance.
C. As the client has progressed through withdrawal, his/her psychological symptoms appear to have intensified.
D. The client's psychological symptoms appear to be lessening as he/she is stabilizing.
E. The client displayed no psychological symptoms related to withdrawal, and appeared to be at his/her psychological baseline level.

8. Impairment Due to Intoxication and Withdrawal (6)

A. The client displayed significant cognitive impairment due to his/her intoxication and withdrawal.
B. The client displayed psychomotor impairment due to his/her intoxication and withdrawal.
C. The client's emotional functioning is affected by his/her intoxication and withdrawal.
D. The client's cognitive, psychomotor, and emotional functioning appear to have stabilized.
E. The client has returned to his/her baseline level of cognitive, psychomotor, or emotional functioning, and the effects of intoxication or withdrawal appear to have discontinued.

9. Cravings (7)

A. The client described a pattern of preoccupation with strong cravings, including the desire to leave treatment and to use mood-altering chemicals.
B. The client consistently talked about his/her pattern of strong cravings and desire to use mood-altering chemicals.
C. The client has left treatment and is suspected of going to use mood-altering chemicals.
D. The client reported a decrease in preoccupation with strong cravings, leaving treatment, and using mood-altering chemicals.
E. As treatment has progressed, the client does not appear to be focused on his/her desire to use mood-altering chemicals.

INTERVENTIONS IMPLEMENTED

1. Welcome to Treatment (1)*

A. The client was welcomed to treatment and was assured that he/she is in a safe place.
B. The client was told that he/she is experiencing substance intoxication.
C. The client was taught about the procedures that will be used to arrest his/her substance intoxication symptoms.
D. The client responded to the welcome and explanations by displaying compliance to the procedures for arresting his/her symptoms.
E. The client was not compliant with the procedures used to arrest his/her substance intoxication symptoms.

2. Maintain in Treatment (2)

A. The client was focused on the importance of staying in treatment to recover from substance intoxication and possible withdrawal.
B. The client agreed to remain in the treatment setting in order to assist with recovering from substance intoxication and possible withdrawal.
C. The client displayed impaired judgment, focusing on removing himself/herself from the treatment setting despite his/her substance intoxication and withdrawal symptoms; he/she was encouraged to remain in treatment.

3. Administer Assessment for Substance Intoxication/Withdrawal (3)

A. The client was administered psychological instruments designed to objectively assess substance intoxication/withdrawal.
B. The Clinical Institute of Withdrawal Scale (CIWS) was administered to the client.
C. The Narcotic Withdrawal Scale (NWS) was administered to the client.
D. The client has completed the assessment of substance intoxication/withdrawal and minimal concerns were identified; these results were reported to the client.
E. The client has completed the assessment of substance intoxication/withdrawal, and significant concerns were identified; these results were reported to the client.
F. The client refused to participate in psychological assessment of substance intoxication/withdrawal, and the focus of treatment was turned toward this defensiveness.

4. Obtain Informed Consent (4)

A. The client was informed about what he/she can expect during intoxication and withdrawal.
B. The client was taught about the medical management of his/her intoxication and withdrawal.
C. The client was encouraged to cooperate with medical management for his/her intoxication and withdrawal.
D. The client was reinforced for signing a consent-to-treat form.
E. The client appeared to struggle to understand information about his/her intoxication and medical management needs, and this was presented in a more basic manner.

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F. The client refused to sign a consent-to-treat form; he/she was encouraged to do this if he/she should have a change of heart.

5. Contact Significant Others (5)

A. The client signed a release of information form presented to him/her.
B. The client's significant others were contacted in order to gain support for the client's admission to treatment.
C. The client refused to sign a release of information form, and was encouraged to do so if he/she has a change of heart.
D. The client's significant others were noted to be supportive of his/her admission to treatment.
E. The client's significant others were noted to not be supportive of his/her admission to treatment.

6. Refer to a Physician (6)

A. The client was referred to a physician for examination.
B. The physician examined the client and wrote the necessary treatment orders.
C. The physician educated the client about substance intoxication and withdrawal.
D. The physician has prescribed specific medications for the client to aid him/her in his/her withdrawal.
E. The client's medications have been titrated, and he/she is being monitored for effectiveness and side effects by the physician.
F. The client has not cooperated with the examination by the physician, and he/she was redirected to do so.

7. Carry Out Medical Orders (7)

A. Medical staff carried out the physician's orders as directed.
B. The client was compliant with the physician's orders as followed by the medical staff.
C. The medical staff administered medications to the client as prescribed.
D. The medical staff assisted the client with administering his/her own medications.
E. The client refused to take medications or otherwise participate in the physician-recommended orders, and was redirected to do so.

8. Monitor Medication Effectiveness and Side Effects (8)

A. As the client has taken the psychotropic medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the medication has been beneficial to reducing symptoms; this was reflected to the prescribing clinician.
C. The client reported that the medication has not been helpful; this was reflected to the prescribing clinician.
D. The client has not consistently taken the medication, and he/she was redirected to do so.

9. Complete Biopsychosocial Assessment (9)

A. A biopsychosocial assessment was completed in order to determine the extent of the client's addiction and the need for treatment.
B. The client was cooperative with completion of the biopsychosocial assessment.

C. The results of the biopsychosocial assessment indicate that the client has experienced ongoing patterns of addiction and is in need of treatment.
D. It was reflected to the client that he/she has a wide pattern of addiction concerns.
E. The client's biopsychosocial assessment did not indicate the need for treatment.
F. The client was not compliant with completing the biopsychosocial assessment, and this will be attempted at a later time.

10. Assign Staff Coverage (10)

A. A staff member was assigned to stay with the client during his/her severe substance intoxication and withdrawal.
B. Staff members were closely monitoring the client during his/her intoxication and withdrawal.
C. The client appeared to be comforted by the presence of staff members, and is utilizing them to appropriately cope with his/her substance intoxication and withdrawal.
D. The client was antagonistic toward staff members who were monitoring him/her.

11. Teach Self-Monitoring for Intoxication/Withdrawal (11)

A. The client was taught about what signs and symptoms he/she might experience during substance intoxication and/or withdrawal.
B. The client was assigned "Coping with Post Acute Withdrawal (PAW)" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was encouraged to report any significant changes in symptoms to the medical staff.
D. The client displayed an understanding of why he/she might experience specific symptoms during substance intoxication and/or withdrawal; this insight was reinforced.
E. The client was reinforced for reporting significant changes in symptoms to the medical staff.
F. The client struggled to understand the types of symptoms he/she might experience due to his/her substance intoxication and/or withdrawal; this was repeated in a more basic manner.

12. Monitor/Chart Status via Blood Test (12)

A. Ongoing blood tests were provided to monitor the client's status, and these findings were reported in the clinical chart.
B. The client's blood work indicated that he/she is progressing through the stages of intoxication and withdrawal.
C. The client has been cooperative in allowing blood samples to be obtained.
D. The client has refused to provide blood samples to assess his/her status and was urged to allow this.
E. The results of the blood test were noted to be inconclusive.

13. Monitor Vital Signs (13)

A. The client's vital signs were monitored and documented on his/her chart.
B. The client was cooperative and allowed staff to monitor his/her vital signs.
C. The client was uncooperative when staff attempted to take his/her vital signs.
D. The client's vital signs indicate continuing problems related to substance intoxication or withdrawal; this was shared with the client.
E. The client's vital signs are stabilizing; this was shared with the client.

14. Evaluate Status (14)

A. The client's ongoing cognitive, behavioral, and emotional statuses were evaluated as detoxification progressed.
B. The client's cognitive, behavioral, and emotional functions have been assessed to be gradually improved as he/she has progressed through detoxification.
C. The client continues to have erratic functioning due to the detoxification process; this was shared with the client.
D. The client's chart reflects his/her pattern of progress through detoxification to his/her baseline level of functioning; this was shared with the client.

15. Probe Feelings Regarding Treatment (15)

A. The client was helped to identify, clarify, and express his/her feelings associated with his/her substance intoxication, addictive behavior, and admission for treatment.
B. Active listening was provided as the client openly expressed angry feelings regarding his/her admission for treatment.
C. The client was reinforced for his/her positive feelings related to his/her admission for treatment.
D. The client denied any significant emotional reaction to his/her substance intoxication and admission for treatment; he/she was provided with tentative examples of these types of reactions.

16. Teach about Withdrawal/Dependence Connection (16)

A. The client was taught that his/her pattern of substance withdrawal symptoms means that he/she is dependent on the substance.
B. The client was reinforced for his/her understanding and acceptance that his/her substance withdrawal symptoms indicate substance dependence.
C. The client was assisted in making plans for treatment and recovery.
D. The client rejected the idea that he/she is substance dependent, and has not made plans for treatment and recovery; he/she was urged to reconsider this need.

17. Share Chemical Dependence Results (17)

A. The results of the client's chemical dependence assessment were shared with the client.
B. The client was provided with feedback that he/she is chemically dependent.
C. The client accepted the idea that he/she is chemically dependent and treatment options for his/her addiction/dependence were discussed.
D. The client was reinforced for his/her choice to seek treatment for his/her addiction/dependence.
E. The client rejected the notion that he/she is chemically dependent, and he/she has refused all treatment options; he/she was urged to reconsider this issue.

18. Assess Potential for Harm to Self/Others (18)

A. The client was monitored on an ongoing basis for his/her suicide potential and potential for harming others.
B. The client was asked to describe the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, the history of any previous suicide attempts, and any family history of depression or suicide.

C. The client was encouraged to be forthright regarding the current strength of his/her suicidal/homicidal feelings and his/her ability to control the urges.
D. The client expressed suicidal thoughts, and proper precautions were taken to protect him/her from self-harm.
E. The client denied any current thoughts about hurting himself/herself or others, and this was accepted at face value.

19. Reduce Stress in Milieu (19)

A. Efforts were made to reduce environmental stimulation to a level that will not exacerbate the client's symptoms.
B. Environmental stress was decreased by speaking calmly to the client, keeping noise levels low, maintaining a predictable structure and routine, and engaging him/her in simple tasks that distract him/her from his/her internal focus.
C. The client reported a decrease in his/her experience of stress and stimulation in the milieu, which has been noted to be helpful for controlling his/her substance intoxication/withdrawal symptoms.
D. The client continues to experience stress and stimulation in the milieu; environmental modifications were maintained.
E. The client continues to experience substance intoxication/withdrawal, despite a decreased pattern of stress and stimulation in the milieu.

20. Review Rules/Consequences (20)

A. The client was presented with a list of rules that must be kept by those participating in the treatment program.
B. The client was presented with the consequences for failing to follow the rules.
C. The client was encouraged to follow the treatment program rules.
D. The client was reinforced for following the rules of the program.
E. The client has failed to follow the rules, and he/she has been redirected to do so.

21. Discuss Withdrawal Symptoms/Addiction Connection with Family (21)

A. Family members were educated about the connection between the client's withdrawal symptoms and addiction behavior.
B. The client's family members were reinforced as they displayed an understanding about the relationship between the client's withdrawal symptoms and his/her addictive behaviors.
C. The client's family rejected the connection between the client's withdrawal symptoms and addictive behavior; they were urged to reconsider this concept.

22. Assign Family Support Letters (22)

A. Family members were assigned to write letters of support to the client.
B. Family members have written letters of support to the client, and he/she has read them; key points were processed.
C. The client reports appreciation that his/her family members have written letters of support to him/her, and confirms that these have helped him/her to commit to recovery; this progress was reinforced.
D. The client's family members have not written letters of support to the client, and they were redirected to do so.

23. Re-administer Psychological Instruments (23)

A. The outcome of treatment was assessed via the re-administration of objective tests of substance intoxication/withdrawal.
B. The client produced treatment outcome test scores indicating improvement on substance intoxication/withdrawal concerns; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on substance intoxication/withdrawal; this result was presented to the client.

24. Assess Satisfaction (24)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

SUICIDAL IDEATION

CLIENT PRESENTATION

1. Preoccupation with Death (1)*

A. The client reported recurrent thoughts of his/her own death.
B. The client identified that he/she has wished for his/her own death to occur.
C. The intensity and frequency of the recurrent thoughts of death have diminished.
D. The client reported no longer having thoughts of his/her own death.

2. Suicidal Ideation without a Plan (2)

A. The client reported experiencing recurrent suicidal ideation, but denied having any specific plan to implement suicidal urges.
B. The frequency and intensity of the client's suicidal urges have diminished.
C. The client stated that he/she has not experienced any recent suicidal ideation.
D. The client stated that he/she has no interest in causing harm to himself/herself any longer.

3. Suicidal Ideation with a Specific Plan (3)

A. The client reported experiencing ongoing suicidal ideation and has developed a specific plan for suicide.
B. Although the client acknowledged that he/she has developed a suicide plan, he/she indicated that the suicidal urge is controllable and promised not to implement such a plan.
C. The client stated that his/her suicidal urges have diminished and that he/she has no interest in implementing any specific suicide plan.
D. The client reported no suicidal urges.

4. Addictive Behavior Exacerbates Suicidal Ideation (4)

A. The client described a pattern of chemical dependence or other addictive behavior.
B. The client's addictive behavior appears to be exacerbating the his/her depression, hopelessness, and suicidal ideation.
C. As the client has decreased his/her addictive behavior, his/her depression, hopelessness, and suicidal ideation have begun to abate.
D. The client reports no longer experiencing depression, hopelessness, and suicidal ideation, as he/she has decreased his/her addictive behavior.

5. Losses Due to Addictive Behavior (5)

A. The client identified that he/she has experienced significant losses due to his/her addictive behavior (e.g., financial, familial, vocational).
B. The client stated that when focusing on his/her losses due to his/her addictive behavior, he/she experiences suicidal ideation.

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C. As the client has decreased his/her addictive behavior, his/her suicidal ideation has decreased.
D. The client reports no longer experiencing suicidal ideation related to his/her addictive behavior and losses from his/her addictive behavior.

6. Believes Death Would Benefit Others (6)

A. The client professed the belief that others would be better off if he/she were dead.
B. The client focused on outlining the problems that he/she has caused for others, and the increased benefit that others would experience if he/she were dead.
C. The client reported a lessening of his/her belief that others would be better off if he/she were dead.
D. The client no longer believes that his/her death would benefit others.

7. Suicide Attempt History (7)

A. The client reported a history of suicide attempts that have not been recent, but that did require the intervention of a professional and/or a family member or friend to guarantee safety.
B. The client minimized his/her history of suicide attempts and treated the experience lightly.
C. The client acknowledged the history of suicide attempts with appropriate affect, and explained the depth of his/her depression at the time of the suicide attempt occurrence.
D. The client indicated no current interest in or thoughts about suicidal behavior.

8. Profound Feelings of Helplessness, Hopelessness, and Worthlessness (8)

A. The client has experienced feelings of helplessness, hopelessness, and worthlessness that began as the depression deepened.
B. The client's feelings of helplessness, hopelessness, and worthlessness have diminished.
C. The client expressed feelings of hope for the future and affirmation of his/her own self-worth.

9. Recent Losses (9)

A. The client described his/her recent pattern of significant losses, which have led to suicidal thoughts.
B. The client described the specific losses that have prompted suicidal thoughts.
C. As the client has worked through his/her significant losses, he/she reports experiencing less suicidal ideation.
D. The client describes having processed his/her recent losses, and currently experiences no suicidal ideation.

10. Bleak, Hopeless Attitude and Recent Losses (10)

A. The client has recently experienced losses (e.g., divorce, death of spouse, illness, loss of job).
B. The client displays a bleak, hopeless attitude regarding life.
C. The client's recent losses have exacerbated his/her bleak, hopeless attitude regarding life.
D. As treatment has progressed, the client has overcome his/her history of recent losses, and his/her outlook on life has improved.

INTERVENTIONS IMPLEMENTED

1. Assess the Dangerousness of the Suicidal Ideation (1)*

A. The client was asked to describe the frequency and intensity of his/her suicidal ideation, the details of any existing suicide plan, a history of any previous suicidal attempts, and a family history of depression or suicide.
B. The client was encouraged to be forthright regarding the current strength of suicidal feelings and the ability to control such suicidal urges.
C. The client's suicidal urges were assessed to be present but under his/her control.
D. The client's suicidal urges were assessed to be quite serious, and he/she is at risk of following through on these suicidal urges.
E. As treatment has progressed, the client has identified a decrease in his/her pattern of suicidal ideation.

2. Explore Reasons for Suicidal Urges (2)

A. The client was encouraged to express his/her reasons for suicidal ideation and feelings of helplessness, hopelessness, and worthlessness.
B. The client was assisted in identifying his/her feelings related to helplessness, hopelessness, worthlessness, and suicidal ideation.
C. The client was supported and reinforced as he/she described his/her thoughts and feelings related to suicidal ideation.
D. The client was led to develop insight into his/her thoughts and feelings of hopelessness and helplessness.

3. Administer Psychological Instruments (3)

A. The client was administered psychological instruments designed to objectively assess the strength of suicidal ideation.
B. The Beck Depression Inventory-II (BDI-II) was administered to the client.
C. The Beck Scale for Suicidal Ideation (BSS) was administered to the client.
D. The client has completed the psychological instruments designed to objectively assess the strength of suicidal ideation, and minimal concerns were identified; these results were reported to the client.
E. The client has completed the psychological instruments designed to objectively assess the strength of suicidal ideation, and significant concerns were identified; these results were reported to the client.
F. The client has refused to participate in the administration of psychological instruments designed to objectively assess the strength of suicidal ideation, and the focus of treatment was turned toward this defensiveness.

4. Elicit a Promise of No Self-Injurious Behavior (4)

A. The client was asked to make a verbal commitment that he/she will initiate contact with the therapist or other staff members if the suicidal urge becomes strong, and before any self-injurious behavior occurs.

* The numbers in parentheses correlate to the number of the Therapeutic Intervention statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

B. The client was asked to sign a suicide prevention contract that stipulated that he/she would contact the therapist or some other emergency helpline if a serious urge toward self-harm arises.
C. The client was reinforced as he/she has committed to not engage in any self-injurious behavior.

5. Adjust the Level of Care (5)

A. The variety of levels of care that are available within the treatment program was reviewed.
B. The client was noted to display an understanding of the different levels of care that are available (e.g., locked room, staying close by a staff member, transfer to a more intense level of care).
C. A specific level of care was selected to protect the client from suicidal impulses.

6. Assign Staff Monitoring (6)

A. Specific staff members were assigned to stay with the client until his/her suicidal threat is resolved.
B. Staff members have monitored the client during his/her period of increased suicidal threat.
C. As the client's suicidal ideation and suicidal risk have decreased, staff members have decreased the closeness with which they have monitored the client.

7. Assess for Identified Clinical Syndrome or Personality Disorder (7)

A. The client was assessed for identifiable clinical syndromes such as depression or bipolar disorder.
B. The client was assessed for a personality disorder, including Borderline Personality Disorder.
C. The client was referred to the appropriate evidence-based psychotherapeutic intervention.
D. The client was assessed for clinical syndromes or personality disorders, but none were found.

8. Teach about Connection between Negative Feelings and Addiction (8)

A. The client was urged to share his/her feelings of shame, loss, and hopelessness.
B. The client was taught about how addictive behavior results in an exacerbation of feelings of shame, loss, and hopelessness.
C. Active listening was provided as the client verbalized an understanding of how shame, loss, hopelessness, and addictive behavior are connected.
D. The client has described the concomitant lessening of addictive behavior and feelings of shame, loss, and hopelessness.

9. Review Losses (9)

A. The client was encouraged to review the losses (e.g., marital, familial, social, legal, financial, health, occupational) that have resulted from addictive behavior and have led to suicidal hopelessness.
B. Active listening was provided as the client identified a variety of specific ways in which he/she has experienced losses.
C. The client identified that his/her addictive behavior has resulted in the losses that he/she has experienced, and has led to his/her suicidal hopelessness; this insight was reinforced.
D. As the client has worked through his/her history of loss, his/her suicidal ideation has been noted to decrease.

E. The client struggled to identify any connection between his/her losses, addictive behavior, and suicidal hopelessness; he/she was provided with specific feedback in this area.

10. Focus on Supporting Others (10)

A. The client was focused on the meaning behind the 12-step recovery program's maxim: "What we cannot do alone, we can do together."
B. The client was assisted in focusing on the ways in which other addicts need his/her support in recovery.
C. The client was reinforced as he/she endorsed the concept that others need his/her support in recovery.
D. As the client has focused on supporting others in recovery, his/her suicidal ideation has been noted to be decreased.
E. The client has not gained an understanding of the 12-step recovery program's maxim: "What we cannot do alone, we can do together," he/she was provided with additional feedback.

11. Review Importance to Family/Friends (11)

A. The client's important role to his/her family and friends was reviewed.
B. The client was assigned "Why Do I Matter and Who Cares?" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was confronted for minimization of how important he/she is to his/her family and friends.
D. When the client tended to disconnect from his/her family and friends, this was confronted.

12. Refer for Psychopharmacological Intervention (12)

A. The client was referred to a physician for the purpose of evaluating the client, his/her suicidal ideation and addiction, and for a prescription for psychotropic medications.
B. The client has followed through on the referral to a physician and has been assessed for a prescription of psychotropic medication, but none was prescribed.
C. The client has been prescribed psychotropic medications.
D. The client's psychotropic medications have been monitored for side effects and are being appropriately titrated.
E. The physician has considered the client's suicidal ideation and addiction concerns when selecting psychotropic medications.
F. The client refused a prescription of psychotropic medication provided by the physician.

13. Administer Medications (13)

A. The medical staff administered medications as prescribed.
B. The medical staff assisted the client in administering his/her own medications.
C. The client refused to accept medications as prescribed.

14. Monitor Medication Effectiveness and Side Effects (14)

A. As the client has taken psychotropic medication prescribed by his/her physician, the effectiveness and side effects of the medication were monitored.
B. The client reported that the psychotropic medication has been beneficial, and this was relayed to the prescribing clinician.

C. The client reported that the psychotropic medication has not been beneficial, and this was relayed to the prescribing clinician.
D. The client identified side effects of the medication, and this was relayed to the prescribing clinician.
E. The client has not consistently taken the prescribed medication, and was redirected to do so.

15. Identify and Challenge Cognitive Messages (15)

A. The client was assisted in developing an awareness of cognitive messages that reinforce hopelessness and helplessness.
B. The client was assigned to keep a daily record of self-defeating thoughts (e.g., thoughts of hopelessness, helplessness, worthlessness, catastrophizing, negatively predicting the future).
C. The client's journal of self-defeating thoughts was reviewed within the session, and each self-defeating thought was challenged for accuracy.
D. The client was taught to replace inaccurate, self-defeating thoughts with thoughts that were positive and self-enhancing.
E. The client described a more positive, self-enhancing pattern of thinking as he/she has decreased self-defeating thoughts; this progress was reinforced.
F. The client struggled to identify his/her pattern of self-defeating thoughts, their inaccuracies, and the more positive and self-enhancing replacement thoughts; tentative feedback was provided.

16. Challenge Self-Defeating Thoughts (16)

A. The client's self-defeating thoughts were challenged for accuracy.
B. The client was assigned "Negative Thoughts Trigger Negative Feelings" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
C. The client was assigned "Positive Self-Talk" from the *Adult Psychotherapy Homework Planner*, 2nd ed. (Jongsma).
D. A realistic focus was used to help the client identify self-defeating thoughts that are inaccurate.
E. The client was assisted in replacing each dysfunctional thought with a thought that is positive and self-enhancing.

17. Provide Reasons for New Hope of Recovery (17)

A. The client was focused on reasons for new hope while in recovery (e.g., how being in treatment offers hope, working with treatment professionals who can act as an advocate, other addicts can encourage them, staff members are supportive).
B. The client was reinforced as he/she endorsed the reasons for new hope in recovery.
C. As the client has focused on new hope in recovery, his/her suicidal ideation has been noted to decrease.
D. The client has struggled to endorse having new hope in recovery; additional feedback was provided.

18. Encourage Full Recovery through the 12-Step Recovery Program (18)

A. The client was provided with encouraging information regarding the excellent chances for recovery from addiction and depression if he/she works the 12-step recovery program.

B. The client was provided with examples of others who have experienced his/her pattern of addiction and depression and recovered through the use of the 12-step program.
C. The client did not appear to endorse the idea that he/she has a positive chance for recovery from addiction and depression; additional encouragement was provided.

19. Assign Reading "The Promises" in AA's *Big Book* (19)

A. The client was assigned to read "The Promises" in the Alcoholics Anonymous's (AA's) *Big Book.*
B. The client was encouraged to verbalize hope for the future based on AA's *Big Book* reading.
C. The client has read the assigned passages from AA's *Big Book;* key points were processed.
D. The client endorsed more hope for the future after reading "The Promises" from AA's *Big Book;* this progress was celebrated.
E. The client has not read the assigned reading, and was redirected to do so.

20. List Reasons to Live (20)

A. The client was assisted in listing reasons to live (e.g., positive people, places or things that are a part of his/her life).
B. The client identified several different reasons for which he/she should stay alive, and these were processed.
C. As the client has identified his/her reasons to live, his/her suicidal ideation has been noted to diminish.
D. The client struggles to identify his/her reasons to live; tentative examples were provided.

21. Assign a List of Positives (21)

A. The client was assigned to write a list of positive people, places, and things in his/her life.
B. Active listening was provided as the client identified a variety of positive people, places, and things in his/her life.
C. The client has struggled to identify positive people, places, and things in his/her life, and was provided with tentative examples.

22. Teach Resolution of Interpersonal Conflicts (22)

A. The client was taught about the new hope that addiction treatment can bring to interpersonal conflicts.
B. The client was noted to be much more hopeful about his/her resolution of interpersonal conflicts.
C. The client identified specific interpersonal conflicts that have improved due to his/her addiction treatment; this progress was highlighted.
D. The client rejected the idea that addiction treatment can assist in the resolution of interpersonal conflicts; he/she was urged to look for ways in which this occurs.

23. Facilitate Conflict Resolution (23)

A. The client was assisted in identifying interpersonal conflicts with a significant other.
B. A conjoint meeting was coordinated between the client and his/her significant other to begin the process of conflict resolution.
C. The client has used the conjoint session to resolve his/her conflicts.

D. The conjoint session appears to have exacerbated the conflict, and the client continues to display hopelessness.

24. Teach about "An Attitude of Gratitude" (24)

A. The client was taught about the 12-step recovery program's concept of "an attitude of gratitude."
B. The client was assigned to write down five things for which he/she is grateful each day.
C. The client presented a list of five things for which he/she is grateful each day, and this list was processed.
D. The client has not completed the lists of things for which he/she is grateful each day, and was redirected to do so.

25. Develop Coping Strategies (25)

A. The client was assisted in developing specific coping strategies for suicidal ideation (e.g., more physical exercise, less internal focus, increased social involvement, more expression of feelings).
B. The client has identified a variety of coping strategies that he/she can use when suicidal ideation is increasing; these were processed.
C. The client has implemented his/her coping strategies, and a decrease in suicidal ideation was noted.
D. The client has struggled to identify or implement any coping strategies for suicidal ideation, and was provided with tentative examples.

26. Assign Encouragement of Others Who Are in Treatment (26)

A. The client was assigned to encourage someone else who is in treatment each day.
B. The client has kept a record of his/her encouragement of others who are in treatment, and these were reviewed and processed within the session.
C. The client was reinforced for regularly encouraging others who are in treatment.
D. As the client has placed his/her focus on encouraging others who are in treatment, his/her suicidal ideation has been observed to decrease.

27. Teach about a Higher Power (27)

A. The client was presented with information about how faith in a higher power can aid in recovery, and was encouraged to ask God for direction each day.
B. The client was assisted in processing and clarifying his/her own ideas and feelings regarding his/her higher power.
C. The client was encouraged to describe his/her beliefs about a higher power.
D. The client has regularly asked God for direction; this progress was reviewed.
E. The client rejected the concept of a higher power, and was urged to remain open to this concept.

28. Encourage Prayer and Meditation (28)

A. The client was assigned to read Chapter 11 in AA's *The Twelve Steps and Twelve Traditions.*
B. The client was encouraged to pray and meditate at least once a day.

C. The client has read *The Twelve Steps and Twelve Traditions* about prayer and meditation; key points were processed.
D. The client reported that he/she is regularly praying and meditating; this progress was celebrated.
E. The client has not read and implemented the prayer and meditation information from *The Twelve Steps and Twelve Traditions,* and was redirected to do so.

29. Teach Family the Connection between Suicidal Ideation and Addiction (29)

A. A family session was held for the client to discuss with his/her family the connection between suicidal ideation and addiction.
B. Active listening was provided as family members expressed their positive support of the client and a more accurate understanding of his/her suicidal ideation and addiction concerns.
C. Family members were neither understanding nor willing to provide support to the client, in spite of his/her disclosures regarding suicidal ideation and addiction; they were encouraged to monitor the client's recovery.

30. Encourage Obtaining Family Support (30)

A. The client was asked to list three things that each family member can do to assist him/her in recovery.
B. The client was assigned to share with each family member those specific activities that each family member can do to assist him/her in recovery.
C. The client has listed and shared with family members specific activities that they can do to assist in recovery, and these helps were reviewed within the session.
D. The client has not identified and shared with family members his/her needs for recovery, and was redirected to do so.

31. Re-administer Psychological Instruments (31)

A. The outcome of treatment was assessed via the re-administration of objective tests of his/her suicide ideation.
B. The client produced treatment outcome test scores indicating improvement on suicide ideation; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating a lack of improvement on suicide ideation; these results were presented to the client.

32. Assess Satisfaction (32)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.
C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

TREATMENT RESISTANCE

CLIENT PRESENTATION

1. Denial (1)*

A. The client consistently denied any pattern of addiction, in spite of strong evidence of increased tolerance, loss of control, and many negative consequences of addictive behavior.
B. The client failed to acknowledge the significant problems that have resulted from his/her addictive behavior.
C. The client reported a belief that his/her negative consequences and life struggles were due to other factors than his/her addiction.
D. The client does not believe that others are aware of his/her addiction problems.
E. As the client has come to accept his/her pattern of increased tolerance, loss of control, and negative consequences, he/she has also accepted that he/she has a problem with addiction.

2. Changes Focus of Concern (2)

A. The client consistently changed the focus of concern onto ancillary factors rather than admit that addiction is the primary problem.
B. The client consistently blamed others or circumstances for his/her problems.
C. The client has decreased his/her focus on other problems, and is beginning to focus on his/her addiction problems.
D. The client has been willing to regularly place his/her focus on his/her addiction rather than on ancillary problems.

3. Anger at Ultimatums (3)

A. The client described his/her feelings of anger that a family member, the court, or employer has given him/her an ultimatum for treatment.
B. The client has focused away from his/her addiction problems, and consistently focuses on how others have been unfair to him/her.
C. The client has begun to work through his/her emotions related to being forced into treatment.
D. The client is applying himself/herself in treatment, despite being forced into treatment by pressure from others.

4. Uncooperative (4)

A. The client has consistently refused to cooperate with his/her established treatment plan.
B. Many treatment opportunities have been missed by the client due to his/her refusal to cooperate with the treatment plan.
C. The client is at constant risk of being terminated from the treatment program.
D. The client has displayed some willingness to cooperate with the treatment program.

* The numbers in parentheses correlate to the number of the Behavioral Definition statement in the companion chapter with the same title in *The Addiction Treatment Planner,* Fourth Edition (Perkinson, Jongsma, and Bruce) by John Wiley & Sons, 2009.

E. The client appears to have accepted and endorsed his/her treatment plan, and is adhering to the treatment requirements.

5. Verbal Abuse (5)

A. The client frequently engages in verbal abuse of others as a means of resisting treatment.
B. The client's family and other significant individuals have indicated that they have been hurt by his/her frequent verbal abuse.
C. The client displayed little empathy toward the pain that he/she has caused through verbal abuse of others.
D. The client has become more aware of his/her pattern of verbal abuse of others, and is becoming more sensitive to the negative impact of this behavior on them.
E. There have been no recent incidents of verbal abuse by the client.

6. Irritability (5)

A. The client displayed in an irritable, restless, and angry manner.
B. Interactions with treatment staff and peers demonstrated the client's irritable, restless, and angry manner.
C. The client's body language was indicative of an individual who is irritable, restless, and angry.
D. As the client has been more engaged in treatment, his/her pattern of irritability, restlessness, and anger has decreased.

7. Dishonesty to Self (6)

A. The client appears to have maintained his/her dishonest beliefs regarding his/her addictive behavior so strongly that he/she struggles to identify his/her own lies.
B. The client's dishonesty toward himself/herself and others has led to believing his/her own lies rather than the facts regarding addictive behavior.
C. The client appears confused and uncertain regarding his/her addictive behavior.
D. The client is beginning to accept the facts regarding his/her addictive behavior, and is casting off his/her pattern of dishonesty toward self and others.

8. Seeks Removal from Treatment (7)

A. Many phone calls have been made by the client to friends or family members, demanding that they remove him/her from treatment.
B. The client irrationally demanded that others accede to his/her wishes to be removed from treatment.
C. As the client has become more engaged in treatment, his/her requests for friends or family to remove him/her from treatment have decreased.

9. Refusal of Contact with Peers (8)

A. The client refused to talk to his/her treatment peers.
B. The client has declined any type of emotional bond with treatment peers.
C. As the client has become more involved in treatment, he/she has begun to talk to and bond with treatment peers.

INTERVENTIONS IMPLEMENTED

1. Probe Treatment Resistance (1)*

A. The reasons why the client is resisting treatment were probed.
B. The client was helped to identify a variety of reasons why he/she is resistant to treatment.
C. As the client identified his/her reasons for resisting treatment, the accuracy of his/her beliefs about addiction were reviewed.
D. As the client has developed a better understanding about his/her addiction, his/her resistance to treatment has been observed to decrease.

2. Encourage Sharing of Emotions (2)

A. The client was encouraged to share the emotions that he/she feels about coming to treatment.
B. Active listening was provided as the client shared his/her feelings of fear, sadness, shame, and anger regarding his/her need for treatment.
C. As the client has vented his/her feelings regarding treatment, his/her resistance has been observed to decrease.
D. The client refused to discuss his/her emotions related to treatment, and was redirected to do so as he/she feels capable.

3. Collect and Share Data (3)

A. A biopsychosocial assessment was conducted.
B. Additional information (e.g., laboratory results, collateral information from friends and relatives) was obtained.
C. The results of the data collection were shared with the client.
D. Faced with the overwhelming physical evidence presented, personal history, and feedback from others, the client has begun to accept that he/she has a pattern of addiction and is in need of treatment.
E. The client has rejected the evidence related to his/her need for treatment; he/she was urged to remain open to this concept.

4. Administer Assessment for Treatment Resistance (4)

A. The client was administered psychological instruments designed to objectively assess the strength of treatment resistance concerns.
B. The Correctional Treatment Resistance Scale was administered to the client.
C. The Therapeutic Reactance Scale (TRS) was administered to the client.
D. The client has completed the assessment of treatment resistance, and minimal concerns were identified; these results were reported to the client.
E. The client has completed the assessment of treatment resistance, and significant concerns were identified; these results were reported to the client.
F. The client refused to participate in psychological assessment of treatment resistance, and the focus of treatment was turned toward this defensiveness.

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5. Review of Addiction by Physician (5)

A. The physician examined the client.
B. The physician shared the results of the history and physical with the client, pointing out signs and symptoms of prolonged and excessive addiction.
C. The client was supported as he/she verbalized an understanding of the signs and symptoms of prolonged and excessive addiction.
D. The client was reinforced as he/she is beginning to accept his/her pattern of addiction.
E. The client rejected the physician's information and explanation, and continued to deny his/her pattern of addiction.

6. Assist in Making Informed Decisions (6)

A. Through the use of the biopsychosocial assessment, the client was assisted in making an informed choice about his/her treatment.
B. The client verbalized an understanding of the information from his/her biopsychosocial assessment, and about the options of treatment as they were presented to him/her.
C. The client accepted the information presented from the biopsychosocial assessment and has made an informed choice to enter treatment.
D. The client continues to reject his/her pattern of addiction and need for treatment, and was urged to remain open to this need.

7. Discuss Levels of Care (7)

A. The variety of levels of care for the client were reviewed, including recovery group meetings, counseling, outpatient treatment, day treatment, residential treatment, partial hospitalization, and hospitalization.
B. The client was assisted in making an informed decision about which level of treatment is most appropriate for him/her.
C. The client was reinforced for making a commitment to enter a specific level of treatment.
D. The client denied his/her need for treatment, which was calmly rejected.

8. Teach about the Treatment Process (8)

A. The client was taught about the treatment process and was encouraged to stay in treatment as long as necessary to bring the addiction under control.
B. The client was assigned "How Far Have I Come?" in the *Addiction Treatment Homework Planner,* 4th ed. (Finley and Lenz).
C. The client displayed an understanding of the treatment process that was summarized for him/her.
D. As the client verbalized an increased understanding about the treatment process, he/she has been more open to remaining in treatment long enough to bring addiction under control; this progress was reinforced.
E. Despite an understanding of the treatment process, the client has refused to remain in treatment; he/she was urged to reconsider.
F. The client has not completed the assigned homework on seeing his/her progress and was redirected to do so.

9. Assess Position in State of Change (9)

A. The Stages of Change concept (Prochaska and Diclemente) was used to assess the client's position in treatment.
B. The client's position within the State of Change process was identified.
C. Feedback was provided to the client regarding his/her position in the State of Change.

10. Review Negative Consequences (10)

A. The negative consequences that have resulted from the client's addictive behavior were reviewed.
B. The client was directed to review the extent of his/her addiction through listing the negative consequences of his/her addictive behavior.
C. The client verbalized an understanding of the connection outlined between his/her negative consequences and his/her extent of addictive behavior.
D. The client declined any connection between his/her addictive behavior and the negative consequences; remedial feedback was provided.

11. Obtain Releases of Information for Significant Others (11)

A. The client was asked to sign releases of information so that the treatment staff can meet with the client's employer, family, friends, and/or coworkers.
B. The client agreed to sign releases of information that were presented to him/her, and the client's employer, family, friends, and/or coworkers were enlisted to encourage him/her to remain in treatment.
C. As the client has seen the extent of support for him/her to remain in treatment, his/her treatment resistance has decreased; this progress was reinforced.
D. The client declined to sign releases of information, and was encouraged to do so if he/she changes his/her mind.

12. Assign Letters from Significant Others (12)

A. Concerned family, friends, employer, and coworkers were assigned to write letters to the client stating specific instances when the client's addiction has hurt them, and sharing what they are going to do if the client refuses treatment.
B. Concerned others have written letters to the client, and these were read to the client in a group setting.
C. As the client heard the letters read regarding the effects of his/her addiction on others, and the responses if he/she refuses treatment, he/she has become more accepting of the need for treatment; this progress was reinforced.
D. The client was noted to continue to reject the need for treatment, despite others providing specific information about the harm of his/her addiction and their response if he/she continues to deny his/her addiction.

13. Obtain Releases of Information for Court (13)

A. The client was asked to sign a release of information so that his/her probation, parole, or court services worker can be contacted.
B. The client signed a release of information so that the court can be contacted, and the court representative has indicated support for the client's treatment.

C. The client's probation, parole, or court services worker was facilitated to directly encourage the client to remain in treatment.
D. The client's probation, parole, or court services worker has threatened specific legal responses if the client does not remain in treatment; this was emphasized to the client.
E. As the client has received information from his/her probation, parole, or court services worker, he/she is more open to treatment; this progress was reinforced.
F. The client was noted to still be resistant to treatment, despite specific encouragement and consequences outlined by his/her probation, parole, or court services worker.

14. Review Treatment Resistance in Group (14)

A. In a group setting, the client was encouraged to share why he/she does not wish to remain in treatment.
B. The client's treatment peers were facilitated to confront the client's denial and support his/her need for treatment.
C. The client displayed an increased desire for treatment due to feedback from his/her peers who have "been in his/her shoes"; this progress was highlighted.
D. The client disregarded the feedback and support from treatment peers, but was encouraged to reconsider in his/her own time.

15. Encourage Discussion of Plans to Leave Treatment (15)

A. The client was encouraged to discuss with peers and staff his/her plans to leave treatment.
B. The client has openly discussed with peers and staff his/her plans to leave treatment, and feedback was provided.
C. As the client received feedback from others about his/her plans to leave treatment, he/she has decreased his/her desire to leave treatment; this progress was reinforced.
D. The client refused to discuss his/her plans to leave treatment, and was redirected to do so.

16. Assign One-to-One Contact (16)

A. The client was assigned a staff member or treatment peer to stay with him/her until the risk of leaving treatment is resolved.
B. One-to-one contact with the client has been maintained.
C. The client has been resistive and antagonistic toward having one-to-one contact.
D. Through the use of one-to-one contact, the client has been monitored and has also received additional feedback about his/her treatment.

17. Review Lies for Hiding Addiction (17)

A. The client was assisted in reviewing the lies that he/she has told to hide addiction.
B. The client was encouraged to admit to others the lies that he/she has told to hide addiction.
C. Several common lies that people use to hide addiction were reviewed in the session.
D. The client was supported as he/she acknowledged his/her pattern of dishonesty used to hide his/her addiction.
E. The client denied any pattern of lying to hide his/her addiction, and was urged to watch for this dynamic.

18. Develop Written Recovery Plan (18)

A. The client was assisted in developing a written recovery plan detailing the treatment necessary to maintain abstinence.
B. The client was assigned "Setting and Pursuing Goals in Recovery" from the *Addiction Treatment Homework Planner*, 4th ed. (Finley and Lenz).
C. The client was assisted in listing several components of a personal recovery plan that will support his/her sobriety (e.g., self-help groups, sponsors, family activities, counseling).
D. The client described active pursuit of the elements of his/her recovery plan and was reinforced for this follow through.
E. The client has not followed through on his/her recovery plan, and he/she was redirected to do so.

19. Discuss Treatment Resistance/Addiction Connection with Family (19)

A. A family session was held, to educate the client's family and significant others regarding the connection between the client's treatment resistance and his/her addiction problems.
B. Family members expressed their positive support of the client and reported having a more accurate understanding of his/her treatment resistance and addiction problems; this insight was reinforced.
C. Family members were neither understanding nor willing to provide support to the client, despite increasing understanding of the client's treatment resistance and addiction problems; they were urged to monitor the client's recovery.

20. Enlist Family Support (20)

A. The client was requested to list three things each family member can do to assist in recovery.
B. A family session was held to discuss how family members can assist in aftercare to maximize the client's recovery.
C. Family members were reinforced as they expressed their positive support of the client and committed to assisting the client in his/her recovery.
D. Family members indicated ongoing emotional displeasure with the client, and did not indicate a commitment for support for his/her recovery; they were urged to monitor the client's progress in recovery.

21. Re-administer Psychological Instruments (21)

A. The outcome of treatment was assessed via the re-administration of objective tests of treatment resistance.
B. The client produced treatment outcome test scores indicating improvement on treatment resistance concerns; this progress was presented to the client.
C. The client produced treatment outcome test scores indicating lack of improvement on treatment resistance concerns; this lack of progress was presented to the client.

22. Assess Satisfaction (22)

A. A treatment satisfaction survey was administered to the client.
B. The client's survey responses indicated a high level of satisfaction with treatment services; these results were processed.

C. The client's survey responses indicated a medium level of satisfaction with treatment services; these results were processed.
D. The client's survey responses indicated a low level of satisfaction with treatment services; these results were processed.
E. Although the client was encouraged to complete a treatment satisfaction survey, it was refused.

PracticePlanners® THE BESTSELLING TREATMENT PLANNING SYSTEM FOR MENTAL HEALTH PROFESSIONALS

The Addiction Progress Notes Planner, Third Edition contains complete prewritten session and patient presentation descriptions for each behavioral problem in *The Addiction Treatment Planner, Fourth Edition*. The prewritten progress notes can be easily and quickly adapted to fit a particular client need or treatment situation.

- Saves you hours of time-consuming paperwork, yet offers the freedom to develop customized progress notes
- Organized around 44 behaviorally based presenting problems, including depression, gambling, nicotine abuse/dependence, anxiety, and eating disorders
- Features over 1,000 prewritten progress notes (summarizing patient presentation, themes of session, and treatment delivered)
- Provides an array of treatment approaches that correspond with the behavioral problems and *DSM-IV-TR*™ diagnostic categories in *The Addiction Treatment Planner, Fourth Edition*
- Offers sample progress notes that conform to the requirements of most third-party payors and accrediting agencies, including CARF, The Joint Commission (TJC), COA, and the NCQA
- Presents new and updated information on the role of evidence-based practice in progress notes writing and the special status of progress notes under HIPAA

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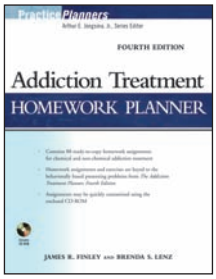
Additional resources in the Practice*Planners*® series:

Treatment Planners cover all the necessary elements for developing formal treatment plans, including detailed problem definitions, long-term goals, short-term objectives, therapeutic interventions, and *DSM*™ diagnoses.



Homework Planners feature behaviorally based, ready-to-use assignments to speed treatment and keep clients engaged between sessions.

For more information on our Practice*Planners*® products, including our full line of *Treatment Planners*, visit us on the Web at:

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